DATE: ____________________________  TERM: ____________________________

STUDENT NAME: ____________________________  EMLID: ____________________________

REASON FOR COURSE OVERRIDE REQUEST:

☐ Maximum credit load increase: (must be approved by the student’s advisor)

☐ Requisites Required (must be approved by the course instructor and the instructor’s department chair)

☐ Time Conflict of two courses  (must be approved by both instructors of the conflicting courses)

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Class Number</th>
<th>Times</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>COURSE 1</td>
<td></td>
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<tr>
<td>COURSE 2</td>
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<tr>
<td>COURSE 3</td>
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</tbody>
</table>

SIGNATURES FOR APPROVAL:

Student's Advisor

Course Instructor

Course Instructor

Course Instructor

Department Chair

By signing this form, I understand that I am choosing to enroll in the courses listed above. I understand that I may be choosing to enter a course that increases my overall credit load for the semester, is a course that requires requisites that I have not completed, or that I will work with multiple instructors for conflicting courses times.

______________________________
Student Signature

FOR OFFICE USE ONLY:

____________________________________  Date Processed: _____________
Registrar