CWID: _____

_____
Last Name   First Name   MI

Email: _____

- -

Course Override Request: Fall   Spring   Summer

Subject	Course Number	Section	CRN
_____	_____	_____	_____

Reason for override: Please select all that apply:

☐ Attribute   ☐ Classification   ☐ Co-requisite

☐ Department Head   ☐ Instructor Approval   ☐ Major Restriction

☐ Approval Pre-requisite   ☐ Time Conflict*   ☐ Other_____

A Time Conflict Override requires the signatures of the instructors of both courses in which the time conflict occurs. Both instructors must agree to the resolution.

_____   _____
Department Head (of the course)   Date

_____   _____
*Instructor Signature 1 (time conflict only)   Date

_____   _____
*Instructor Signature 2 (time conflict only)   Date

- -

Office Use Only

Recorded to Banner: _____   _____
                            Initials   Date