

OTHER OVER-RIDE REQUEST

OVER-RIDE REQUESTS for reasons OTHER than those listed

If students are requesting over rides for any other reasons, they should contact the Department chair (Dr. Stoneback)

STUDENT _____

STUDENT NUMBER _____

COURSE _____ **SECTION** _____ **TIME** _____

CURRENT DATE AND TIME _____

DID YOU MEET WITH YOUR ADVISOR THIS SEMESTER BEFORE REGISTRATION?
YES ___ NO ___

ADVISOR SIGNATURE _____

DID YOU REGISTER DURING THE ASSIGNED REGISTRATION PERIOD? YES ___ NO ___

REASON FOR OVERRIDE REQUEST: (MAY NOT GIVE A REASON THAT THERE IS A FORM FOR)

REASON THAT YOU MUST TAKE THE COURSE THIS SEMESTER.

ATTACH AN UNOFFICIAL TRANSCRIPT FROM THE PIPELINE AND HIGHLIGHT THE PREREQUISITES FOR THE COURSE.

PLANNED GRADUATION DATE _____

MARKETING CHAIR APPROVAL _____