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 _________________