

OVERRIDE / PERMIT REQUEST FORM
Department of Art and Design

**Complete one form for EVERY course request.
Incomplete forms will not be considered.**

Date submitted _____ Date completed by faculty _____

Name _____ G# _____

Year in School _____ Major _____ Minor _____

Email _____ Local phone _____

Complete the information below and obtain signature from the instructor(s).

Class title _____ Subject _____ Course # _____

CRN# _____ Section _____ Semester/year _____

Check appropriate option(s) and fill in all information required for that option.

1. _____ Override for a **Closed Class - CAP.**
Permission authorized by _____
print name

2. _____ Override for a **Duplicate Course – DUP.**
Permission authorized by _____
print name

3. _____ Override for Class, Program, Degree, **Major – MAJ.**
Permission authorized by _____
print name

4. _____ Override for **Permit** required for entry into course – **PMT.**
Permission authorized by _____
print name

5. _____ Pre-requisite Override for **AP Credit – PAP.**
Permission authorized by _____
print name

6. _____ Pre-requisite Override for courses taken at **Other Institution – PO.**
Permission authorized by _____
print name

7. _____ Pre-requisite Override for **General Purpose – PRE.**
Permission authorized by _____
print name

Student's signature _____

Instructor signature(s) [**REQUIRED**] _____

Is there anything else we need to know to process your form? (use back of form)
Every attempt will be made to process your completed form within 72 hours.