



## Student Registration Permit-Override Form

Student Information

Name: \_\_\_\_\_

ID (K#): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Course: \_\_\_\_\_

CRN: \_\_\_\_\_

Instructor: \_\_\_\_\_

Reasons for Permit-Override (please circle):

Override Time Conflicts

Override Prerequisites

Override Capacity

Special Approval by Department  
Brief explanation:

Instructor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_