# RESTRICTION OVERRIDE FORM

To be filled only by the Department Chair. Validity 24 hours only after the Dean’s Approval.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student ID</td>
<td>Class</td>
</tr>
<tr>
<td>Major</td>
<td>Cumulative GPA</td>
</tr>
<tr>
<td>Earned Hours</td>
<td>Current Registered Hours</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>CRN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Repeat Course  [ ] Yes  [ ] No  Number of Attempts

## Type of Restriction

- [ ] Class capacity restriction
- [ ] Co-requisite restriction Specify: __________________________
- [ ] Major Restriction
- [ ] Program Restriction
- [ ] Level Restriction
- [ ] Other Specify: __________________________
- [ ] Elective Class
- [ ] Instructor’s Approval
  
  Instructor’s Name: _________________________________________

Comments:

## Chair/Associate Chair’s Approval (Department in which the course is offered)

- [ ] Approved  [ ] Rejected

  Chair’s Name: _____________________________  Date _____________________________

  Chair’s Signature

Dean’s Approval (College in which the course is offered)

- [ ] Approved  [ ] Rejected

  Dean’s Name: _____________________________  Date _____________________________

  Dean’s Signature

## To be filled for the Registrar’s Office Use

Comments:

Registration Officer _____________________________  Date _____________________________

copies:  Green - Registrar Office Copy
         White - Student Copy
         Yellow - College Dean / Dept. Chair

Last update: Jul2013