

REGISTRATION OVERRIDE/SCHEDULE CHANGE FORM

Fall Spring Extended Spring Year: 20____

Summer: Term 1 Term 2 Year: 20____

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CNU ID NUMBER

STUDENT NAME				
Last Name	First Name	MI	LOCAL PHONE NO	EMAIL ADDRESS

COURSES AUTHORIZED FOR OVERRIDE

CRN	SUBJ	COURSE NO	SEC NO	CR HRS	AUDIT (A) or CREDIT (C) EARNING

COURSES TO DROP

CRN	SUBJ	COURSE NO	SEC NO	CR HRS	AUDIT (A) or CREDIT (C) EARNING

Student Signature Date

CLOSED (FULL) DEPARTMENT CHAIR APPROVAL SECTION OVERRIDE
(Note: Will be processed only if there is available space in the classroom.)

Department Chair Printed Name (*Closed Class Override*) Date

Department Chair Signature (*Closed Class Override*) Date

INSTRUCTOR SPECIAL PERMISSION OVERRIDE (See below)
Please check all that apply.

Prerequisite Override
 Major Restriction Override
 Class Restriction Override
 Co-requisite Override
 Program Restriction Override
 Time Conflict Override
 Other (specify): _____

Instructor Printed Name (*Special Permission Override*) Date

Instructor Signature (*Special Permission Override*) Date

ACADEMIC DEAN'S-or-GRADUATE STUDIES Approval (IF Applicable)

Academic Dean's Approval Date
(For Undergraduate student enrolling in Graduate level class)

Director of Graduate Studies Approval Date
(For Undergraduate student enrolling in Graduate level class)

OFFICE OF THE REGISTRAR USE ONLY

Original Registered Cr Hrs: _____ Revised Cr Hrs: _____

Processed by: Date

Note: Additional Charges apply for registration hours above 17. Please refer to the Business Office website for more information on tuition and fees. You are required to register and maintain a minimum of 12 credit hours to be considered a full-time student during regular semesters (fall and spring). Please note that students are strongly encouraged to register for at least 15 credit hours in all regular semesters to make progress toward graduation in four years. Please consult with your advisor to ensure that your course selections progress you toward your anticipated degree.