

**Class Restriction Override Permit**

Course \_\_\_\_\_ CRN\* \_\_\_\_\_ Credit Hours \_\_\_\_\_ Sem/Yr \_\_\_\_\_  
(Course Name/Number/Section) (\*will not be processed without CRN #)

Student's Name \_\_\_\_\_ Dawg Tag 85 \_\_\_\_\_

Student's E-mail Address \_\_\_\_\_

**Departmental Advisor or Instructor:**

Please select a reason for override approval. Signature and expiration date are required.  
If multiple reasons, check all that apply.

CAPACITY  
Closed Class

SPECIAL APP  
Controlled Enrollment

MAJOR/FIELD  
Restricted to Specific Major

CLASS  
Classification Fr, So, etc.

DEGREE  
Restricted to Specific Degree

TIME  
Course Time Conflicts

COLLEGE  
Restricted to Specific College

LATE  
Late Entry

PROGRAM  
Restricted to Specific Program

COREQ  
Co-Requisite Required

PREREQ  
Pre-Requisite Required

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Dept. Signature

\_\_\_\_\_  
Date

For Advisement Office Use Only.



\_\_\_\_\_  
Restrictions Lifted By

\_\_\_\_\_  
Date