MATHEMATICS - CLASS OVERRIDE PERMISSION FORM

Name ___________________________________________ ID#___________________________

Last          First        Middle Initial

PLEASE INCLUDE INFORMATION FOR ALL PORTIONS OF THE DESIRED COURSE:

LECTURE: __________ __________ __________ __________

CRN  Course #  Subject  Time

LAB/RECITATION: __________ __________

CRN  Time

OVERRIDE CODES—Instructor, please circle all codes that apply:

CAP - Capacity Override (Class full)
SAPR- Special Approval Override (2nd week add)
PREQ - Prereq/Coreq Override
TIm - Time Conflict (see below)

Math Instructor Approval_________________________________ Date_______________________

(time override only – to be completed by instructor of conflicting course)

Instructor Approval_________________________________ Dept __________ Date_______________

RETURN THIS SHEET TO THE MATHEMATICS DEPARTMENT OFFICE, KIDDER 368, FOR PROCESSING.

For Departmental Use Only: Date____________________ Initials _________________