MATHEMATICS - CLASS OVERRIDE PERMISSION FORM

Name _____   ID#_____
          Last   First   Middle Initial

PLEASE INCLUDE INFORMATION FOR **ALL** PORTIONS OF THE DESIRED COURSE:

LECTURE: _____ _____ _____ _____   LAB/RECITATION: _____ _____
             CRN   Course #   Subject   Time   CRN   Time

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

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

Math Instructor Approval_____   Date_____

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*(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 _____