

REGISTRATION OVERRIDE

(do not use after third week of Semester)



Student ID Number

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Last Name First Name Middle

Address _____

Fall Spring 200__
(Circle one)

Phone Number/Email _____

DROP ON CYBERBEAR	Course Request #	Subject	Course #	Section	Credits	Grade Option
ADD						<input type="checkbox"/> Traditional <input type="checkbox"/> Credit/No Credit <input type="checkbox"/> Audit
LINK		SECTION #	<i>Link Sections are for courses with a Required Lab/Small Group ONLY</i>			

Courses taken to meet General Education Requirments must be taken for a traditional grade.

By signing below, I give my permission to the Registrar's Office to enroll this student and override all restrictions (Major, Class, Consent of Instructor, and enrollment limit)

Instructor _____ Date _____
Signature

Link Instructor _____ Date _____
Signature

Override is available for instructor review in
Griz Central or COT Registrar's Office

The following options DO NOT require the instructors signature:

- Override Time Conflict
- Change Variable Credit from ____ to ____
- Change Grade Option
 - Traditional Credit/No Credit Audit

Student _____
Signature
Date _____