



Course Capacity Override Form

Year: _____ Fall Spring Summer

Name: _____ ID: _____

Please allow student to register for the following closed class:

Student to complete:

<u>Course Information</u>
Course Title _____
Department prefix: _____ Course # _____ Section # _____
Reason for override:

Student is responsible for obtaining all signatures and submitting form to Registrar's Office.

Instructor to sign:

APPROVAL SIGNATURES:

Instructor: _____ Date: _____

Associate Dean/ Secretary to complete:

Information in gray box to be completed by College Secretary or Associate Dean.

Building/Room # Posted	
Course Capacity Seating	
Capacity Current	
Enrollment	

Associate Dean to sign:/

Associate Dean: _____ Date: _____

In situations that the Associate Dean is not applicable, the Dean will sign.

Completed forms should be sent to the Registrar's Office, Box 8425