

COLLEGE *of* CHARLESTON

OFFICE OF THE REGISTRAR

DEPARTMENTAL OVERRIDE FORM

(To be used by department chairs to have students directly overridden by the Registrar's Office into a course section in their own department.)

This form is for the use of the academic departments only and is not to be submitted by a student.

Student Name _____ Student ID# _____

CRN _____

Subject _____ Course Number _____ Section _____

Override capacity	Yes _____	No _____
Override pre-req	Yes _____	No _____
Override co-req	Yes _____	No _____
Override class level	Yes _____	No _____
Override field of study	Yes _____	No _____
Override special approval	Yes _____	No _____
Override duplicate coursework (Same course # in same term)	Yes _____	No _____
Permission of Instructor	Yes _____	No _____

Instructor authorization:

Department chair authorization:

~~Print~~ Name

Print Name

Signature

Signature

Date

Date
