

WEB REGISTRATION OVERRIDE FORM

Student Name: _____ ID #: _____ Date: _____

Faculty should initial the specific override in the box below.

| CRN | COURSE | Section | Pre-Requisite | Co-Requisite | PI course | Class Restriction | Enrollment Limit | All |
|-----|--------|---------|---------------|--------------|-----------|-------------------|------------------|-----|
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Received in Registrar's Office

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