



# OVERRIDE APPROVAL FORM

*Instructions: Get appropriate approval signatures.  
Take to Dean's office of College that offers the course to be processed.  
Note, this process does not register you for the course.*

Titan ID Number: TO Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle I

Semester: Fall  Winter  Summer  20\_\_ - 20\_\_ Student Level: UG  GR  Primary Major: \_\_\_\_\_

CRN	SUBJ	COURSE	SECTION	CREDITS	Advisor: _____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____ Approver initials
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____ Approver initials
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____ Approver initials

*If you intend to issue permission or override for a specific section, CRN must be included.*

Class Closed (CAPACITY) \_\_\_\_\_ (EXPIRES in 2 business days – submit ASAP!)  
Instructor Signature

Special/Instructor Approval Required \_\_\_\_\_  
Instructor Signature

Clerical Prerequisite (PREREQ) [TC not recognizing course, transferring prereq, etc.]

<input type="checkbox"/> Prerequisite (PREREQ)	<input type="checkbox"/> Degree Restriction (DEGREE)	<input type="checkbox"/> Attribute Restriction (ATTRIBUTE)
<input type="checkbox"/> Co-Requisite (COREQ)	<input type="checkbox"/> Mutual Exclusion Restriction (MUTUAL)	<input type="checkbox"/> Repeat Hours (REPEAT HRS)
<input type="checkbox"/> Major Restriction (MAJOR )	<input type="checkbox"/> Campus Restriction (CAMPUS)	<input type="checkbox"/> Repeat Limit (REPEAT LIM)
<input type="checkbox"/> Program Restriction (PROGRAM)	<input type="checkbox"/> Links Restriction (LINKS)	
<input type="checkbox"/> Level Restriction, UG GR PR (LEVEL)		
<input type="checkbox"/> Class Restriction FR SO JR SR (CLASS)		
<input type="checkbox"/> Department Restriction (DEPT)	Rationale (if override approved, please enter rationale as Advisor Note)	
<input type="checkbox"/> College Restriction (COLLEGE)	_____	<input type="checkbox"/> Copy/Notification sent to course <b>instructor</b>
	Dept. Chair/Director Signature	<input type="checkbox"/> Copy/Notification sent to student <b>advisor</b>

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

College/School Approval \_\_\_\_\_

Date \_\_\_\_\_

An email may be sent directly to the Dean's office in lieu of a signature.