



COURSE OVERRIDE FORM

NOTE: This form must be approved by the adviser and the Graduate School by the last day to register or add a course for the semester in which the course is taken.

PART I: Student and Course Verification

This is to verify that _____ CWID: _____
(Student Name)

E-mail: _____

has permission to enroll in the following course for Semester _____

Course: _____

Section Number: _____

Call Number: _____

PART II: Special Permission

Special permission is necessary because:

_____ Need to increase number of hours

_____ This course is taught at the same time _____ is taught.

_____ Grade type needs to be changed to audit.*

_____ Grade type needs to be changed to pass/fail* (for undergraduate courses only)

_____ Other, please explain below:

**Requires approval of instructor*

Instructor

Date

Adviser

Date

PART III: Graduate School Authorization

Approved by

Dean of the Graduate School

Date