Physics Department
REQUEST FOR REGISTRATION OVERRIDE

Student Name ______________________________________ Z-ID_____________   Major______________

Phone: ______________________    Check one:   Undergraduate ______     Graduate ______     SAL _______

Semester                     [  ]  Fall 20___         [  ]  Spring 20____    [  ]   Summer 20____

Lecture    Lab                                                 Credit Hours (optional)
Catalog # _________   Catalog # _________      Credit Hours # ________
Section # _________   Section # _________   **Honors sections only for honors students**
Class # _________   Class # _________

Reason/ justification for request: _____________________________________________________________
________________________________________________________________________________________

Please check the appropriate override requested (see current catalog description for prerequisite/co-requisite/permission descriptors):
☐ Closed Class  ☐ Prerequisite Override  ☐ Consent of Department  ☐ Waitlist
☐ Permit  ☐ Co-requisite Override  ☐ Graduate/SAL Audit
☐ Time Conflict  ☐ Undergraduate Audit  ☐ Swap (swap one lab for another)

For time conflict requests, I understand that with this concession to overlap courses I am responsible for completing all required coursework for the classes regardless of face to face class time missed.

****Please provide a copy of your transcript or proof of enrollment in another institution****

I request to be manually added to the Lecture/Course and/or Lab listed above.
I understand that I am financially responsible for this enrollment unless I take the personal action for schedule changes by the appropriate deadline and in the appropriate manner.

Student Signature: ________________________________ Date: ___________________

Return this form to the Physics office. For time conflicts, both instructors need to approve

Time conflict override requires the signature of both instructors and a description of any special instructions regarding class sessions missed

I agree to the time conflict override:
Instructor Signature: ________________________________ Date: ___________________

I agree to the time conflict override:
Instructor Signature: ________________________________ Date: ___________________
Instructor Approval: ________________________________ Date: ___________________
Special Instructions: __________________________________________________________

Department Approval: ________________________________ Date: ___________________

Added by___________  Date_____________
Conditional Enrollment: __________________________________________________________