Physics Department
REQUEST FOR REGISTRATION OVERRIDE

Student Name ___________________________  Z-ID____________  Major_____________

Last   First   MI
Phone: ______________________  Check one:  Undergraduate _____  Graduate _____  SAL _____

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

<table>
<thead>
<tr>
<th>Lecture</th>
<th>Lab</th>
<th>Credit Hours (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catalog # _______</td>
<td>Catalog # _______</td>
<td>Credit Hours # _______</td>
</tr>
<tr>
<td>Section # _______</td>
<td>Section # _______</td>
<td><strong>Honors sections only for honors students</strong></td>
</tr>
<tr>
<td>Class # _______</td>
<td>Class # _______</td>
<td></td>
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</tbody>
</table>

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  ☐ Swap (swap one lab for another)
☐ Time Conflict  ☐ Undergraduate Audit |

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: ________________________________________________________________

**** PHYS 659 needs approval from Director of Graduate Studies****

Department Approval: ___________________________  Date: ___________________________

Added by__________ Date__________
Conditional Enrollment: ____________________________________________________________