Date: ___________ Month ___________ Day ___________ Year ___________

Student Name ___________________________ Last ___________ First ___________ Middle ___________

Student ID ___________ - - ___________ Phone ___________________________

Department ___________________________ Major ___________________________

Classification ___________________________ Semester  □ Fall  □ Spring  □ Sum I  □ Sum II

Please override the following “Registration Error” Message(s) for (□ Fall  □ Spring  □ Sum I  □ Sum II) Term, allowing student to select course(s) listed below:

☐ Academic Holds  ☐ College Restriction  ☐ Major Restriction
☐ Classification Restriction  ☐ Duplicate Selection  ☐ Max Hours ___________ (Enter total hours approved)
☐ Closed Section  ☐ Level Restriction  ☐ Time Conflict

COURSE(S) TO BE ADDED (Add separate page if necessary.)

<table>
<thead>
<tr>
<th>Computer Number</th>
<th>Subject</th>
<th>Course No.</th>
<th>Section</th>
<th>Credit Hrs.</th>
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</table>

Total Hours Above _______________________

Advisor’s Comments __________________________________________________________

______________________________________________________________ Date ___________ Month ___________ Day ___________ Year ___________

Advisor’s Signature ___________________________ Date ___________ Month ___________ Day ___________ Year ___________

Dean’s Signature ___________________________ Date ___________ Month ___________ Day ___________ Year ___________

FOR OFFICE USE ONLY

☐ Approved  ☐ Denied  Date processed ___________ Month ___________ Day ___________ Year ___________

Comments ________________________________________________________________