Override Request

Student Name_________________________ Grizzly ID#________________
OU email address_________________________ Phone#________________
Term (circle one): Fall Winter Summer Year_________ Major________________
Class Level (circle one): FR SO JR SR GR PB other________________

List course(s) for which override is being requested. (Include both rubric and course number.)
Circle appropriate override and state the reasoning behind it.

1. Course: ___________________________ CRN: ___________________________
Override: Pre-requisite Class Major Time Closed Other_________
Reason: _______________________________________________________

2. Course: ___________________________ CRN: ___________________________
Override: Pre-requisite Class Major Time Closed Other_________
Reason: _______________________________________________________

Student Signature: ___________________________ Date: _____________

Override(s) approved: Yes/No Reason (if No): _______________________
Academic Adviser Signature: ___________________________ Date: _____________

Override(s) processed: Yes/No Reason (if No): _______________________
Registration Signature: ___________________________ Date: _____________