

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: _____