

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____

<u>Lecture</u>	<u>Lab</u>	<u>Credit Hours (optional)</u>
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):

- | | | | |
|--|--|--|-----------------------------------|
| <input type="checkbox"/> Closed Class | <input type="checkbox"/> Prerequisite Override | <input type="checkbox"/> Consent of Department | <input type="checkbox"/> Waitlist |
| <input type="checkbox"/> Permit | <input type="checkbox"/> Co-requisite Override | <input type="checkbox"/> Graduate/SAL Audit | |
| <input type="checkbox"/> Time Conflict | <input type="checkbox"/> Undergraduate Audit | <input type="checkbox"/> 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: _____

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

Department Approval: _____ Date: _____

Added by _____ Date _____

Conditional Enrollment: _____