



Request to Override Course Capacity Restriction

Students are responsible for providing academic evidence (Degree Audit & Registration History, etc.) that supports their request. This form must be **submitted** to the Office of the Registrar **before the drop/add deadline**.

Step 1: Provide the following information

Student ID Number

S	0	0	0					
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Phone

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Student Name:

Last

First

Middle

Are you a Scholarship Student? ☐ YES ☐ NO

Semester ☐ Fall ☐ Spring ☐ Summer

Year

2	0		
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Block or Summer Session _____

Step 2: Identify the course information for which removal of the capacity restriction is sought.

Subject					Number			Section		Credits
Example	E	N	G	L	1	0	1	0	4	3

Step 3: **Sign and submit the completed form to the Course Instructor.** I am aware that removal of the course capacity restriction is not automatic. In addition I must comply with academic regulations and University deadlines, and to ensure the accuracy of my registration.

Student's Signature & Date

(If the request is approved it is my responsibility to register for the course)

Step 4: Academic Consent to, or Denial of, the Request.

☐ Approved ☐ Rejected

Instructor's Signature and Printed Name & Date

Subsequent to careful review of academic evidence provided by the student I *approve* / *reject* the request to register in the course indicated above. Written rationale for my decision is provided overleaf and has been forwarded to the appropriate Department Chair for approval.

☐ Approved ☐ Rejected

Department Chair's Signature & Date

As Department Chair's I *approve* / *reject* the request to remove the restriction. A copy of this form, together with the rational and student's records, has been submitted to the Dean's Office CAS.

Step 5: If the request has received full academic consent submit this form to the Office of the Registrar.

Departments are required to keep a copy of this form, the student's academic evidence and the instructor's rationale. Admin Assistants are required to inform students of the decision and submit the form to the Registrar's Office.

RO USE ONLY:

Processed by: _____
(Initials)

Date: _____