



CWID: _____
Last Name First Name MI

Phone Number: _____

Course Override Request:

Subject Course Number Section

Reason for override:

- Attribute
- Department Head Approval
- Pre-requisite
- Classification
- Instructor Approval
- Time Conflict*
- Co-requisite
- Major Restriction
- Other _____

***A Time Conflict Override requires the signatures of the instructors of both courses in which the time conflict occurs. Both instructors must agree to the resolution.**

Department Head Signature Date

*Instructor Signature 1 (time conflict only) Date

*Instructor Signature 2 (time conflict only) Date

Office Use Only

Recorded to Banner: _____
Initials Date