

REGISTRATION OVERRIDE REQUEST

This form should be submitted to the Dean/Chair of the School/Department where the course is taught.

STUDENT NAME: _____

gswID: _____

PHONE NUMBER: _____

CRN: _____

SUBJ: (ex: ENGL) _____

CRSE NO: (ex: 1101) _____

Registration Add Error: (Check all that apply)

Preq and Test Score

Major Restriction

Level Restriction

Class Restriction

Instructor Signature _____

Time Conflict

Closed Section

Maximum Hours Exceeded (Overload Form Required)

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