Date: _____

OVERRIDE REQUEST FORM
DEPARTMENT OF PSYCHOLOGY

Student Name/VSU Email: _____

Student Phone Number: _____

Student ID: 870- _____

Course #: _____ CRN #: _____

Students, please initial to verify each statement:

_____ I am not enrolled in another section of this course (no "section swapping" is allowed).

_____ I am not enrolled in another course that meets at the same time as this course.

_____ I meet all prerequisites for this course (it is your responsibility to check for a course's prerequisites).

_____ I do not have any unresolved financial holds placed on my account that would prevent me from registering (these must be resolved before requesting an override into a closed course).

_____ I have attached my current schedule for the term I am registering. I have included the CRN number, course number and section letter, day/time the class meets, and instructor's name.

IF YOU CANNOT VERIFY ALL OF THE ABOVE, YOUR OVERRIDE WILL NOT BE CONSIDERED.

Faculty notes: _____

_____

_____

Procedure for Overrides
- Overrides are granted only in extenuating circumstances, determined on an individual, case-by-case basis. Students should use the drop/add system rather than expecting an override into a course.
- Financial holds (for any reason), "late" registration (attempts to register after defined registration period), and misunderstanding of course prerequisites are unacceptable reasons for an override to be granted.
- Overrides are granted only by approval of both the Faculty member teaching the course and the Department Head, whose decision is final. Please obtain faculty signature first.
- Seniors requesting overrides must provide the copy of your Application for Graduation, signed and completed by the Registrar's office, when requesting admission to a course during your final two semesters.

Faculty Signature: _____

Department Head Signature: _____