



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)

eCore Approval (submit this form to the Registrar's Office)

Other Error: _____

Justification for Registration Override:

Student Signature

Date

Office Use Only:

Circle One:

Approved

Denied

Processed in Banner:

GSW Official

Date