

COURSE OVERRIDE REQUEST

Student Name _____ Fredonia ID # F _____

CRN: _____ SUBJECT _____ Crs. # _____ Section # _____

Reason for override request:

<input type="checkbox"/> Major Restriction	<input type="checkbox"/> Time Conflict with course _____
<input type="checkbox"/> Course Section Closed	<input type="checkbox"/> Co-requisite course required
<input type="checkbox"/> Departmental Approval	<input type="checkbox"/> Class Level (FR/SO/JR/SR)

INSTRUCTOR Signature: _____ Date: _____

Pre-requisite course required (*requires signature of department chair of the course offered*)

COURSE DEPARTMENT CHAIR/DIRECTOR (required only for pre-requisite overrides)

Signature _____ Date: _____