REQUEST FOR COURSE OVERRIDE

Semester: □ Fall □ Spring □ Summer, Year: _____

Name: ____________________________

WVU ID: __________________________

Course: ____________________________
(i.e. ENGR 101)

CRN (required): ____________________

Reason: ____________________________

Type of Override (check all that apply):

□ Closed Section (Room Capacity)
□ Classification (Rank)
□ College Restriction
□ Department Approval
□ Honors Section Approval
□ Field of Study Restriction (Major Restriction)
□ Prerequisite*
□ Time Conflict
□ Link Requirement (Lecture, Lab)
□ Grade Mode Change To:

Instructor’s Signature: ____________________________ Date: ____________________________

Chairman’s Signature: ____________________________ Date: ____________________________
(Required for Prerequisite Override Only)

Please return form to the Office of Students Services, Room 141 Engineering Sciences Building.