

REQUEST FOR COURSE OVERRIDE

Semester: Fall Spring Summer, Year: _____

Student/Course Information (all fields required):

Name: _____

WVU ID: _____

Major: _____

Subject Code: _____
(i.e. ENGR)

Course Number: _____
(i.e. 101)

CRN: _____

Type of Override (check all that apply):

- Closed Section (Room capacity cannot exceed fire code)
- Class Restriction (Classification: FR, SO, JR, SR)*
- College Restriction*
- Department Approval
- Field of Study Restriction (Major Restriction)
- Prerequisite and Test Score*
- Time Conflict*
- Link Requirement (Lecture, Lab)*
- Grade Mode Change To:

Instructor's Signature: _____ Date: _____

**Any restriction with * needs the following section completed.
Only the override requested above will be reviewed for processing.**

***Reason for Request:**

(Please note that all starred overrides are subject to review by the Associate Dean for Academic Affairs. Any starred override must include a detailed justification as to why the override is necessary and how the request is due to an extenuating circumstance)

*Chairperson's Signature: _____ Date: _____

(Required for Starred Overrides)