

Course Override Form (One per Class)

Instructions: Complete this form to request registration into a course for which you cannot currently register or access a Wait List.

Student	t's LAST Name:			_ Student's FIRST Name:		
UCF ID	:	E-mail Address:		_@knights.ucf.ed	u Phone Number:	
Registra	ation Term/Year:	🗖 Fall	Spring	Summer	Year:	
Course	: Class Number (E	Ex. 25678)	Prefix	Course Numbe	er Section #	Credit Hours
Lab:	Class Number (E	Ex. 25678)	Prefix	Course Numbe	er Section #	
Does th	is course current	ly have a Wait List?	P □ Yes	🗖 No		

I authorize CECS staff to register me for the listed course if approved by CECS. I accept responsibility for payment of my semester tuition and fees by the published deadline. I understand that if I fail to pay my tuition and fees by the deadline, I will be charged a \$100 Late Payment Fee, my records will be put on hold, my account will be referred to a collection agency, and I may incur other financial consequences.

Student's Signature Date

Department, please initial category for which student is requesting override:

For undergraduate Engineering majors, list their status in the major:
Pending Pre-Major Major Major

Career: Undergraduate student registering in a **graduate level course** or a graduate student registering for an **undergraduate level course** (Graduate student overrides will not be registered for undergraduate level courses until 3 PM, the Friday preceding the beginning of a term.)

____ Class Limit: Overrides the enrollment capacity of a class (This option is not available for Wait List courses.)

_____ Permissions: Overrides consent or permission

____ Requisites: Overrides requisites set up for a class (select one of the following reasons) _____ Requisites on degree audit/schedule, but student is unable to enroll

____ Requisites have been taken transient

🗖 Fall	Spring	Summer	Year:	Course:	Grade:
Other – Explanation: _					

___ Time Conflict: Overrides scheduling time conflicts

Unit Load: Overrides max hour limit for term load (17 hours undergraduate or 12 hours graduate students) College Approval _____

I have reviewed the above request and approve this override.

Departmental Signature

Date

	Enrolled Permission Date Processed: Processed By:	OFFICIAL USE ONLY Comments	
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