Exception Override Form

Student Name ___________________________________________ ID#________________________

Term of exception... Fall_____ Spring_____ Summer_____

Type of override... third class attempt ____ conflict approval ____ prerequisite override ____

Class Title__________________________________________ Catalog Number __ __ - __ __ - __ __

Class Number_____________ Instructor’s Name______________________________

Instructor Signature ___________________________ Date________________

Student Signature ___________________________ Date________________

Counselor Signature ___________________________ Date________________

(only need for 3rd class attempt)