

Department of Family & Consumer Sciences

Override Agreement

Semester: _____

Student Name: _____

G # _____

Classification: _____

Major: _____

Minor: _____

Course Title: _____

CRN #: _____

Reason for override: **Co requisite**
 Prerequisite
 Time Conflict
 Capacity
 Other _____

Advisor Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

All students needing overrides must have this form completed and signed by their Academic Advisor.