

Department of Family & Consumer Sciences

Override Agreement

Semester: _____ Year: _____

Student Name: _____

Social Security #: _____

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.