Engineering & Computer Science
Undergraduate
Override Request

Student Name _______________________________ Grizzly ID#: G00 ____________
OU Email Address _______________________________ Day Time Phone# ____________

Term: Fall Winter Summer Year ____________
Class Level: FR SO JR SR OTHER: _________________

- List course(s) for which override is being requested.
- Circle appropriate override and state the reason for the request.

1. Course: _______________ CRN: _______________
   Override: Pre-requisite Class Major Time Closed Other_______
   Reason: ________________________________

2. Course: _______________ CRN: _______________
   Override: Pre-requisite Class Major Time Closed Other_______
   Reason: ________________________________

Student Signature: ___________________________ Date: ____________
Major: ___________________________

Advising Office Use Only
Override(s) Approved: Yes / No
Override(s) Processed: Yes / No
Reason (if No): ________________________________

Academic Adviser Signature: ___________________________ Date: ____________

Registration Office Use Only
Override(s) Processed: Yes / No
Registration Signature: ___________________________ Date: ____________

9/2012