

Class Level Restriction Override Form

(one form per student)

Student Name	Student's ID	Term	Course Code Subject/No	Section No	Override Class Level Restriction	Student Registration Date
Example:						
<i>Jack Test</i>	<i>123456</i>	<i>2021SP</i>	<i>ENLG-230C</i>	<i>1</i>	<i>Y</i>	<i>Monday 10/16/2020</i>

Advisor Name: _____ Date: _____

Advisor Signature: _____ Date: _____

Department Chair or Associate Dean Name: _____

Department Chair or Associate Dean Signature: _____

Date: _____

Note: The Chair or Associate Dean's approval signature must originate from the department that owns the course. For example, the English department has authority over an English Course, but does not have authority over a Biology course.