

# Student Registration Permission Override

**STUDENT INFORMATION:**

**Student ID:** @ \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Name:** Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

**Edinboro Email Address:** \_\_\_\_\_

**Term:** (Check One):  Fall 20\_\_  Wintersession 20\_\_  Spring 20\_\_  Summer 20\_\_ Session \_\_\_\_

**COURSE INFORMATION:** Permission will be considered **only** for the course (CRN specific) below. If approved, the student must add the course on S.C.O.T.S. during the “Add” period.

_____	_____	_____	_____	_____	_____
CRN	Subject	Course No.	Section	Course Title	Instructor’s Name

**SIGNATURES OF APPROVAL:**

<b>Check all that apply</b>	<b>Permission granted to:</b>	<b>Permission granted by: (Approval Signature/Date required)</b>
	Override Pre-Requisite (PRE REQ) or Override Co-Requisite (CO-REQ) <b><i>Both signatures are required</i></b>	Instructor: <b><u>and</u></b> Department Chair:
	Override Section Capacity (CAPACITY) <b><i>Both signatures are required</i></b>	Instructor: <b><u>and</u></b> Department Chair:
	Special Approval to Enroll (SPEC APPVL)	Individual specified on SCOTS:
	Permit Class Time Conflict (TIME)	Instructor:
	Override Class Status (Sr, Jr, So, Fr) (CLASS)	Instructor:
	Ignore Student’s Major (MAJOR)	Department Chair:
	Permit Repeat Limit Exception (REPEAT)	Department Chair of student’s major: _____  <b><u>And</u></b> Department Chair of course being offered: _____  <b><u>And</u></b> Dean of student’s major: _____

**INSTRUCTIONS:**

- One form must be completed for each course (specific CRN) for which the student is requesting a permission override. Multiple overrides for the same CRN should be listed on the same form. The student must obtain the written approval of the individual indicated above.
- Once the approval has been received, the student must take the form to the academic department of the course for the permission to be entered.
- The student is responsible for scheduling the course listed on this form during the ‘Add’ period. Approval to enroll does not imply the student is automatically scheduled in the course.

**Direct Questions to: Office of Records and Registration, Edinboro University, Hamilton Hall, 210 Glasgow Road, Edinboro, PA 16444, Fax: 814.732.2130, Phone: 814.732.3501**

**Or Email to: records@edinboro.edu**

Created: 08/15/2005

Revised: 10/2/2019