Physics Department
REQUEST FOR REGISTRATION OVERRIDE

Student Name ______________________________________  Z-ID_____________   Major______________

Last      First    MI
Phone: ______________________    Check one:   Undergraduate _____     Graduate _____    SAL _____

Semester                     [  ]  Fall 20___           [  ]  Spring 20____      [  ]   Summer 20____

<table>
<thead>
<tr>
<th>Lecture</th>
<th>Lab</th>
<th>Credit Hours (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catalog # _________      Catalog # _________        Credit Hours # ________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Section # _________      Section # _________ <strong>Honors sections only for honors students</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class # _________      Class # _________</td>
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Reason/ justification for request: ____________________________________________________________

Please check the appropriate override requested (see current catalog description for prerequisite/co-requisite/permission descriptors):

- [ ] Closed Class
- [ ] Prerequisite Override
- [ ] Consent of Department
- [ ] Waitlist
- [ ] Permit
- [ ] Co-requisite Override
- [ ] Graduate/SAL Audit
- [ ] Time Conflict
- [ ] Undergraduate Audit
- [ ] Swap (swap one lab for another)

For time conflict requests, I understand that with this concession to overlap courses I am responsible for completing all required coursework for the classes regardless of face to face class time missed.

****Please provide a copy of your transcript or proof of enrollment in another institution****

I request to be manually added to the Lecture/Course and/or Lab listed above.
I understand that I am financially responsible for this enrollment unless I take the personal action for schedule changes by the appropriate deadline and in the appropriate manner.

Student Signature: ___________________________  Date: ____________________

Return this form to the Physics office. For time conflicts, both instructors need to approve

Time conflict override requires the signature of both instructors and a description of any special instructions regarding class sessions missed

I agree to the time conflict override:
Instructor Signature: ___________________________  Date: ____________________

I agree to the time conflict override:
Instructor Signature: ___________________________  Date: ____________________

Instructor Approval: ___________________________  Date: ____________________

Special Instructions: ______________________________________________________________________

**** PHYS 659 needs approval from Director of Graduate Studies****

Department Approval: ___________________________  Date: ____________________
Added by___________  Date_____________
Conditional Enrollment: ___________________________________________________________________

Updated 4/5/19