

Override Approval

Students must NOT
be given blank forms.

Date Issued: _____

Expires end of Add/Drop, or on _____

Student

- List any courses which must be dropped due to the addition. **NOTE:** Drops must occur prior to the last day of Add/Drop.
- Ensure you meet all prerequisites, that the courses are appropriate for your major, and understand the effect of dropped classes.
- Be sure that all information has been entered. **Incomplete or altered forms will not be accepted**
- For undergraduate courses, present form to COS Academic Services (COSAS), CSB 250; for graduate courses, email this form to cosgrad@ucf.edu

Name: _____ PID: _____
(PRINT- Last) (First)

Email: _____

- This course is appropriate for my program of study, I meet any course prerequisites, and I understand the effect of any dropped classes on my program and standing.
- I accept responsibility for payment of my tuition and fees by the published deadline. I understand that if I fail to pay my tuition and fees by the deadline, I will be charged a \$100 Late Payment Fee, my records will be put on hold, my account will be referred to a collection agency, and I may incur other financial consequences.

Student Signature: _____ Date: _____

Faculty

- List only one course (and its associated lab/discussion section, if any) on each form.
- Enter the Term, Year, Class Number, and course prefix, number and section of the course to override.
- Warning: The class number defines the course & section, and takes precedence over all other information on the form!**
- Specify what is to be overridden with **your initials** and **strikethrough** all that do not apply. Complete additional information.
- Do not list Independent Study/Research/Internship. Use the "Undergraduate Registration Agreement" form instead.

Term: _____ Year: _____

Class #	Prefix & #	Section	Title of course to be added/dropped	Credits

Permission limits: Initial what you are supporting below. **Strikethrough** all that do not apply. Provide documentation if required.

___ **Class Limit** (Allows enrollment if course is closed.) **Faculty must ensure room capacity is adequate.**

___ **Prerequisites:** Prerequisites overridden

___ **Consent:** (Allows enrollment in a section which requires Instructor or Departmental consent.)

___ **Course level:** (Allows undergraduate into a graduate course)

___ **Excessive hr:** (Allows enrollment into a maximum of _____ hours for stated term. **Only students in your major.**)

NOTE: Discourage class hoarding by approving Excessive Hours only shortly before classes start. NOTE: Excess hours also requires final approval by COSAS. COSAS Signature Required: _____

Department Chair (or designee): _____ Date: _____
(Signature) (print)

Time Conflict

Course One:

Course Two:

Prefix Number Section

Prefix Number Section

Date/Time of Class (as indicated in myUCF)

Date/Time of Class (as indicated in myUCF)

Instructor's Signature: _____ Instructor's Signature: _____

For Official Use only

Official Signature: _____ Date: _____

(R. 1/23/2020)