



Registration Override Form

Student Name _____ Date _____

Phone No. _____ VA Student Yes No

UIN _____ Catalog Year _____

Degree _____ Major _____

Please override the registration for the term selected:

SPRING

SUMMER 1

SUMMER 2

FALL

Purpose for the Override

Time conflict	Prerequisite	Level Restriction	* Closed	Other

Course Reference Number	Course Subject	Course Number	Course Section

Student Signature

Date

+Authorized Signature

Date

+ Instructor or School Director

** A signature must be from a faculty member or School Director; adjuncts may not authorize an override. If a class is filled to capacity there is no guarantee that the override will be granted. Please contact the Registrar's office for class availability.*

Please Return to: Office of the Registrar Killeen, TX 76549 (254) 519-5452

Processed by/Date: _____