



OVERRIDE REQUEST FORM

STUDENT DATA SECTION

Classification: • Other:
Name: • HU Student ID# @
Major: • School/College: • Year Entered Fine Arts:
Email Address: • Cell Number:
Total Hrs. Enrolled: • Semester/Yr: • Fall/ • Spring/ • Sum/

Request for overrides must be accompanied by an UNOFFICIAL TRANSCRIPT for all transactions.

I am requesting an override for the following course:

Course Title:
Subject Name/Course #: • CRN#: • Section: • Credit Hrs.:
 CLASSIFICATION OVERRIDE PREREQUISITE OVERRIDE COLLEGE RESTRICTION OVERRIDE
 TIME-CONFLICT OVERRIDE INCREASE MAXIMUM HRS. ALLOWED: • # of Hrs.: • Before: • After:
 Other
Initial and Date: Dean • Chairperson: • Advisor: or, • Designee:
Date: Approved: Denied:

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