

OVERRIDE/SPECIAL PERMISSION FORM DEPARTMENT OF ART/FALL 2019

Section I: To be completed by student.

Date: _____

Student's Name: _____ Spire ID #: _____

Studio Art (check one): Graduate Student _____ or Undergraduate Student _____

or Other Major (please list) _____

Registration Appointment Date & Time: _____

Course information (i.e. Art 456B, 12345, 4):

Art Course # (3 digits): _____ Class # (5 digits): _____ Credit # _____

Student's Phone #: _____

Student's Signature: _____

Section II: Must be completed by faculty member.

Date: _____

Should staff processing the override go over the course capacity?

Instructors must answer this question here-check one: Yes _____ or No _____

The above named student has my permission to add my course.

(faculty signature)

(print faculty member's name)

NOTE: Any **time conflicts** are the student's responsibility. If there is a scheduling conflict, the requested course may not be entered into the student's schedule.

Return this form to the Art Department main office in room 218 SAB.