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.