

Override/Special Permission Form

Department of Art

Return this form to the
Art Department main
office front desk, 2nd
floor SAB.

Section I: To be *fully* completed by the student

Date: _____

Name: _____ Spire ID#: _____

Major (check one): Art Undergraduate Student _____ Art Graduate Student _____

or Other Major (please list) _____

Registration Appointment Date & Time: _____

StudentPhone#: _____ Student Email Address: _____

StudentSignature: _____

Course Information

Semester (include year and whether spring or fall): _____

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

Course Name: _____ Credit #: _____

Section II: Must be *fully completed* by the course instructor or department advisor

Should the staff processing this override enroll the student even if the class is full?

_____yes _____no

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

(faculty signature)

(date)

(print faculty member's name)

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