Override/Special Permission Form
Department of Art

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.