OVERRIDE/SPECIAL PERMISSION FORM
DEPARTMENT OF ART/Fall 2016

Section I: To be completed by student. Date: ______________

Student’s Name: ________________________ Spire ID #: ________________________

Check one: Design _____ or Studio Art _____ / Grad _____ or Undergrad _____

or Other major (please list): ________________________________________________

Pre-registration Access- Date & Time: _______________________________________

3 digit course #: ART # __________ # of Credits __________

***5 Digit Course Schedule Number: _______________________________________

***MUST HAVE 5 DIGIT SCHEDULE # IN ORDER TO PROCESS

Student’s Phone #: _______________________________________________________

Student’s Signature: _______________________________________________________

Section II: Must be completed by faculty member. Date: ______________

Override Course Capacity???

Instructors, please 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 any portion of this form
is incomplete, or if there is a scheduling conflict, the requested course may not be
entered into the student’s schedule. The student is responsible for obtaining appropriate
and accurate information regarding the course, the course schedule number, and the
faculty signature.

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