OVERRISE/SPECIAL PERMISSION FORM
DEPARTMENT OF ART/Spring 2018

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.