



**OFFICE OF THE REGISTRAR SELF-SERVICE RESTRICTION OVERRIDE FORM**

Student Name: \_\_\_\_\_

Fall	Fall 7.5wk1	Fall 7.5wk2
Spring	Spring 7.5wk1	Spring 7.5wk2
Summer1	Summer2	Winter

ID#: 000 \_\_\_ - \_\_\_\_\_ Year: 20 \_\_\_\_\_

Course Information


Course ID	Lecture Lab Online Hybrid	Section#	Title	Instructor	Day	Time	Credits
	Lecture Lab Online Hybrid						
	Lecture Lab Online Hybrid						

**Authorization Required For:**

<p><input type="checkbox"/> <b>Time Conflict</b> By signing below, the instructors have made arrangements with the student so that no course work is missed even though the courses overlap. <b>Both signatures are needed even if one class will not be missed.</b></p> <p><input type="checkbox"/> <b>Credit Overload</b> The Dean verifies by signing below that the above named student has an acceptable academic history and approved the student to register for more than 18 credits (19-21). Approval by Associate Provost also required when exceeding 21 credits.</p> <p><input type="checkbox"/> <b>Graduate Course Authorization</b> By signing below, the Dean authorizes the undergraduate student to register for the graduate level course above and has explained to the student that the course will apply only to the undergraduate degree and not towards any GCU graduate program (exception: 4+1 MBA program). The course will be counted towards:  <input type="checkbox"/> Core    <input type="checkbox"/> Major/Minor    <input type="checkbox"/> Elective            Note: Matriculating (degree-seeking) ILEM undergraduate students will need to obtain the signature of Dr. Joseph Gower only. Nonmatriculating ILEM students do not require an authorized signature.</p>	<p><input type="checkbox"/> <b>Audit Course</b> The instructor approves the student to take the course above on an <input type="checkbox"/> Audit/  <input type="checkbox"/> Credit basis and the student agrees to abide by the audit policy printed in the catalog.</p> <p><input type="checkbox"/> <b>Department/Major/Class Level Override</b> The department chairperson authorizes the student above to register for the above course even though the student does not meet the Department, Major, or Class Level requirements for the course.</p> <p><input type="checkbox"/> <b>Waitlist Override</b> By signing below, the instructor and Department Chairperson authorize the student to register for the course even though there are other students ahead of this student on the waitlist.</p> <p><input type="checkbox"/> <b>Restricted Course</b> By signing below, the instructor/chairperson is permitting the student to take the listed restricted course and all necessary arrangements have been made.</p>
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Authorized Signature _____	Date _____	Authorized Signature _____	Date _____	Office Use Only Processed by: _____ Process date: _____
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Student Signature(Read adjacent information before signing this form) \_\_\_\_\_



Date: \_\_\_\_\_

**Reminder : You are not eligible to graduate unless you have submitted a Graduation Application by the appropriate deadline. Please consult the Registrar's webpage for more information at [www.georgian.edu](http://www.georgian.edu).**

It is the student's responsibility to obtain all signatures. Incomplete forms will be returned to the student unprocessed.

*Revised: March 2020*