Permission to Add/Override Courses

Scan/Email: enrollmentservices@fairmontstate.edu
Fax: 304-367-4789

Student Information:

*Student Name _____
First Middle Last

*Student ID _____
F00…… or SS#

Course Information:

*Term: □ Spring 20_____ □ Summer 20_____ □ Fall 20_____

*Subject _____ (EX: PSYC) *Course Number _____ (EX: 1101) *CRN _____ (0123) Hrs_____ (only if variable)

*Subject _____ (EX: PSYC) *Course Number _____ (EX: 1101) *CRN _____ (0123) Hrs_____ (only if variable)

*Subject _____ (EX: PSYC) *Course Number _____ (EX: 1101) *CRN _____ (0123) Hrs_____ (only if variable)

*Subject _____ (EX: PSYC) *Course Number _____ (EX: 1101) *CRN _____ (0123) Hrs_____ (only if variable)

*Manual Overrides:

□ Pre-Requisite_____
(Pre-Requisite Course(s) Waived)

□ Co-Requisite
□ Time Conflict

MUST CHECK ALL THAT APPLY

**Online Overrides:

□ Major Restriction
□ Instructor Approval
□ Closed Course
□ Classification Restriction

MUST CHECK ALL THAT APPLY

Signatures:

*Instructor _____ Date _____

*Dean/Chair _____ Date _____

For Office Use Only

Staff Signature _____ Date _____

*Required Field. If not completed, the form will be returned.
**Restriction/Override can be completed online through the instructor's UCA without this form.

NOTE: IF MULTIPLE OVERRIDES ARE NEEDED, ALL APPROPRIATE BOXES MUST BE CHECKED. IF NOT, FORMS WILL BE RETURNED.