Office of Enrollment Services Override Form

**Student Information:**

Student Name ____________________________________________

First ___________________ Middle ___________________ Last __________

Student ID ______________________ Student Email ______________________

F00…… or SS#

**Course Information:**

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

Subject ____ *Course Number _____ *CRN _____ Hrs ________

(EX: PSYC)  (EX: 1101)  (0123)  (only if variable)

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**Manual Overrides:** All other overrides must be done online

□ Duplicate Course – Student taking multiple 99 courses

□ Level Restriction – Student taking upper division FSU class

**Late Request:** Student must accompany form. Request will be reviewed but only extenuating circumstances will be approved. Financial Aid cannot be applied to hours added after the deadline. Please provide justification below.

□ Late Override

**Signatures:**

Instructor __________________________________ Date ____________

Dean ___________________________________________ Date ____________

**For Office Use Only**

Staff Signature __________________________________ Date ____________

Forms will not be accepted or processed without all required information.

Last Updated 2/19/2014