INSTRUCTIONS FOR COMPLETING THIS FORM:
(A) Pick up form from your major department. Fill out form and check appropriate box(es),
(B) Obtain instructor approval,
(C) Deliver form to appropriate office (see below).

Note: The department will then clear you on the system allowing you to register for the course. Submitting this form does NOT register you for the course. YOU MUST STILL GO ONLINE TO REGISTER!!

INSTRUCTOR – Note conditions in box below. Sign if you approve all conditions checked.

Subject Codes | Location       | Subject Codes | Location
---------------|----------------|---------------|---------------------
BIOE, CHE, ENVE| Johnson 116    | CE, CCE, CEM  | Kearney 101
CS, ECE, EECS | Kelley 1148    | BEE           | Gilmore 116
ENGR           | Johnson 114    | IE, ME, MFGE, MIME, MATS | Rogers 204
NSE            | Batcheller 151 |               |                     

THIS FORM CANNOT BE PROCESSED WITHOUT INSTRUCTOR APPROVAL

Name ___________________________ OSU ID # ________________ Major ________________
  Last                            First                       M

CRN __________  SUBJECT _______  COURSE NUMBER _______  Credits _______
  Lecture

CRN __________  CRN _______  NOTES ______________________________________
  Lab  Recitation

I am submitting this form to you because (check all that apply):
☐ It is the 2nd week of the term and I am registering late (SAPR)
☐ The enrollment for this course is currently full (CAP) * (department approval required also)
☐ I have not taken the required prerequisite or equivalent. PREREQ(s): ____________________ (PREQ)
☐ I do not have the correct class standing (FR/SO/JR/SR) (CLA)
☐ I am not in the college of engineering (COL) (department approval required))
☐ I am in the MECOP program and need an attribute override (ATT)
☐ I have a time conflict with another course (TIM)

Time Conflict Resolution:
____________________________________________________________________

Instructor A:
Course: _______  CRN: _______  Date: _______
Signature

Time Conflict Resolution:
____________________________________________________________________

Instructor B:
Course: _______  CRN: _______  Date: _______
Signature

* CAP overrides will not be approved if capacity exceeds university approved classroom capacity.

STUDENT: Your signature certifies that the above boxes were checked off prior to obtaining the instructor’s approval. The department will only lift the restrictions for those boxes that have been checked off. You will be required to make arrangements with your instructor for any course material (exams, etc) impacted by this override.

STUDENT SIGNATURE: ________________________ DATE: __________________

INSTRUCTOR: Your signature indicates your willingness to allow this student into your class, lab, and/or recitation acknowledging all the conditions checked above, but doesn’t guarantee final approval from Department/College. CoE does not grant prerequisite overrides for ENGR classes.

INSTRUCTOR SIGNATURE: ________________________ DATE: __________________

DEPARTMENT APPROVAL: ________________________ DATE: __________________

Room CAP: ______ Room Actual Availability: ______ Lab: _______ Recitation: _______