

COLLEGE OF ENGINEERING RESTRICTION OVERRIDE

Term _____

INSTRUCTIONS FOR COMPLETING THIS FORM

- STUDENT** – (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.

Degree Programs	Location	Degree Programs	Location
BIOE, CBEE, CHE, ENVE	Johnson 116	CE, CCE, CEM	Kearney 101
CS, ECE, EECS	Kelley 1148	BEE	Gilmore 116
ENGR	Batcheller 151	IE, ME, MFGE, MIME, MATS	Rogers 238
NE, RHP	Rad. Center		

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) (Pro courses require COE petition as well)
- I am in the MECOP program and need an attribute override (ATT)
- I have a time conflict with another course (TIM)

Time Conflict Resolution: _____ _____	Time Conflict Resolution: _____ _____
Instructor A: Course: _____ CRN: _____ Date: _____ Signature _____	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.

INSTRUCTOR SIGNATURE: _____ **DATE:** _____

DEPARTMENT APPROVAL: _____ **DATE:** _____

Room CAP: _____ Room Actual Availability: _____ Lab: _____ Recitation: _____