



# REGISTRATION OVERRIDE REQUEST

This form should be submitted to the Dean/Chair of the School/Department where the course is taught.

**STUDENT NAME:** \_\_\_\_\_

**gswID:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**CRN:** \_\_\_\_\_

**SUBJ: (ex: ENGL)** \_\_\_\_\_

**CRSE NO: (ex: 1101)** \_\_\_\_\_

**Registration Add Error:** (Check all that apply)

**Preq and Test Score**

**Major Restriction**

**Level Restriction**

**Class Restriction**

**Instructor Signature** \_\_\_\_\_

**Time Conflict**

**Closed Section**

**Maximum Hours Exceeded (Overload Form Required)**

**eCore Approval (submit this form to the Registrar's Office)**

**Other Error:** \_\_\_\_\_

**Justification for Registration Override:**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

Office Use Only:

Circle One:

Approved

Denied

Processed in Banner: \_\_\_\_\_

\_\_\_\_\_  
GSW Official

\_\_\_\_\_  
Date