



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