REGISTRATION OVERRIDE	FORM	DATE:	
Crane School of Music			
NOTE: You must first save this form to your hard drive and open it in Adobe Acrobat for the fillable portions to retain what you type into them. Please name your file LASTNAME Override			
NOTE: This form is for music cou	urses only. Do not	use this form for preregist	tered courses.
Student should complete	e the first section,	, then emails the form to tl	ne faculty
Student Name:			P#:
The above student is seeking permission of the instructor to register for the following course:			
CRN/Subject/CRS#/Section		Course Title	
Instructor's Name			
2. Faculty, please complete	e the following sec	ction, then email the form	to Associate Dean David Heuser
DATE:	-	approves override	does not approve override.
REQUIRED List all override type(s) t	that apply for this s	student.	
Common Reasons for Overrides:			
	cks Prerequisite(s)	Major/Minor Restriction Ti	me Conflict*

Class Restriction (such as junior standing required) Honors Course (for non-Honors Student)

College Restriction (such as Crane students only) Linked Courses (taking only one of two linked courses)

*Note: Time Conflict approval means you are allowing the student to miss part of <u>YOUR</u> scheduled class time.