Class Restriction Override Permit

Course__________________________    CRN*________Credit Hours__________Sem/Yr_________
   (Course Name/Number/Section)   (*will not be processed without CRN #)

Student’s Name_____________________________________Dawg Tag 85________________________

Student’s E-mail Address ____________________________________________

Departmental Advisor or Instructor:
Please select a reason for override approval. Signature and expiration date are required.
If multiple reasons, check all that apply.

- [ ] CAPACITY
  - Closed Class

- [ ] CLASS
  - Classification Fr, So, etc.

- [ ] COLLEGE
  - Restricted to Specific College

- [ ] COREQ
  - Co-Requisite Required

- [ ] SPECIAL APP
  - Controlled Enrollment

- [ ] DEGREE
  - Restricted to Specific Degree

- [ ] LATE
  - Late Entry

- [ ] PREREQ
  - Pre-Requisite Required

______________________________       _______________             ______________________________       _______________
Instructor’s Signature              Date           Authorized Dept. Signature          Date

For Advisement Office Use Only.

Restrictions Lifted By               Date

SIU Southern Illinois University