UNIVERSITY OF SOUTH CAROLINA SUMTER

Override Request

Student Name _____   **Cell Phone** _____

VIP ID _____   **Email** _____

Current USC Campus _____   **Major** _____

Term You Plan To Take Course:

Year _____

☐ Fall ☐ Spring
☐ Summer I ☐ Summer II

Override request:

☐ Capacity (full course) ☐ Classification
☐ Pre/Co-requisite
☐ Max. hours override approved _____

COURSE (DEPT)	COURSE NUMBER	SECTION	CRN	COURSE TITLE

Student's Signature _____   **Date** _____

Pre/Co-requisite/Classification/Hours overrides:	Capacity overrides:
by signing, the student assumes all risk and responsibility for taking a course although pre/co-requisites have not been met, classification has not been satisfied, or credit hours are over the maximum of 18.	by signing, the instructor and division chair/ academic dean grant a capacity override to the above course for the above student.

Advisor approval
(Hour overrides)   _____   Date _____

Instructor approval
(Pre/co-req,
  classification,
  capacity overrides)   _____   Date _____

Department approval
(Capacity overrides)   _____   Date _____

Academic Dean approval
(Pre/co-req, hour,
  classification, capacity
  overrides)   _____   Date _____

NOTE TO STUDENTS: This form cannot be used by undergraduate students to enroll in independent study courses. Undergraduate students must submit a completed independent study contract to the Office of Records and Registration to enroll in any independent study course.

RECORDS OFFICE USE ONLY

Course/CRN	Override Indicators	Processed By	Date

Notes _____