Enrollment Override Request

Student Name_____ ID#_____

Career: Graduate   Undergraduate   Email_____

Course Name_____ 5-digit Class #_____

Reason for override request: Class is full   Non-music student (for music
                                                                                ensembles only)

                                                            Waive prerequisite (requires associate dean's approval)

If requesting a prerequisite waiver, please explain the reason the prerequisite should be waived in
the space below.

Student's signature_____ Date_____

Instructor's signature_____ Date_____

Associate dean's signature_____ Date_____