



Registration Override Form

STUDENT INFORMATION

_____ First Name Last Name Phone Number Student ID Number

SEMESTER Fall Spring Summer Year: _____

COURSE DETAIL

Add	E8.96 67	APd8Ç q 2© 06p	Section (e.g., 001)	Number of Credits	Permission Number (if needed)

OVERRIDE REASON – SELECT ONE

- Allowing for a Section Change**
 If, after the last day to drop with a W for that session, you will need approval from the University Academic Appeals Committee. Include this form with your Academic Appeal Form: boisestate.edu/registrar/home/student-forms/

_____ Instructor Name (Printed) Instructor Signature Date

- Dropping a Class that is a Co-Requisite of Another Class**
 A signature is required for the class that will remain on your schedule to confirm approval that the requisites are no longer met.

_____ Department or Instructor Name (Printed) Department or Instructor Signature Date

Registrar's Office Only
