



COURSE OVERRIDE FORM

PRINT THIS PAGE AND SEND TO:

Academic Records Office | Williston State College | 1410 University Avenue Williston, ND 58801
 701.774.4211 (f) | wsc.records@willistonstate.edu

Date: _____ **Term:** _____

Student Name: _____ **EMPLID:** _____

Reason for Course Override Request:

- Maximum credit load increase: (must be approved by the student's advisor)
- Requisites Required (must be approved by the course instructor and the instructor's department chair)
- Time Conflict of two courses (must be approved by both instructors of the conflicting courses)

	Course Title	Class Number	Times	Days
COURSE 1				
COURSE 2				
COURSE 3				

SIGNATURES FOR APPROVAL:

Student's Advisor	
Course Instructor	
Course Instructor	
Course Instructor	
Department Chair	

By signing this form, I understand that I am choosing to enroll in the courses listed above. I understand that I may be choosing to enter a course that increases my overall credit load for the semester, is a course that requires requisites that I have not completed, or that I will work with multiple instructors for conflicting courses times.

 Student Signature

FOR OFFICE USE ONLY:

 Registrar

Date Processed: _____