



Alabama A&M University  
P.O. Box 848  
Normal, AL 35762  
(256) 372-5254

# Registration Permit Override Request Form

Student: \_\_\_\_\_

Term: \_\_\_\_\_

Banner ID: \_\_\_\_\_

e-mail: \_\_\_\_\_

**Instructions:** This form is intended for Alabama A&M students to request permission for a registration override/s.

In the table below enter the Course Reference Number (CRN), Course information, and the type of registration permission (Permit Code) you are requesting. Obtain the approval signature/s and present this form to the designated Department for processing. **Once the override has been processed, you must register for the course through Banner Self Service.**

	CRN	COURSE NUMBER & TITLE	PERMIT CODE
1			
2			
3			
4			

Permit Code	Override Error Message	Approval Signature(s) Required
CAPACITY	Seat limit on class	Chairperson
PREREQ	Prerequisite requirement	Chairperson
TIME	Time conflict	Instructors of both classes involved (2 signatures)
IN	Consent of Instructor Needed	Instructor of class/classes to be added
DEPT	Department Permission Override	Chairperson
DUPLICATES	Duplicate Course Override	Student
TSC	See Teacher Service Center	(This hold must be overwritten in the Teacher Service Center located in CCN Room 223)
LEVEL	Level Restriction	Advisor & Chairperson
FIELD/STUD	Field of Study Override	Chairperson
COREQUISITE	Corequisite requirement	Chairperson
FE	See Office of Field Experience	(This hold must be overwritten in the Field Experience Office located in CCN Room 216)
CLASS	Student Classification Override	Advisor & Chairperson

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Chairperson: \_\_\_\_\_

Date: \_\_\_\_\_

Chairperson: \_\_\_\_\_

Date: \_\_\_\_\_

Advisor: \_\_\_\_\_

Date: \_\_\_\_\_

Instructor: \_\_\_\_\_

Date: \_\_\_\_\_

Instructor: \_\_\_\_\_

Date: \_\_\_\_\_