INNOVATION FOR A HEALTHIER PLANET

UNIVERSITY OF NEW ENGLAND

Registration Restriction Override Form

The University of New England | Office of the Registrar 11 Hills Beach Road (Decary Hall, 114) Biddeford, ME 04005 Phone: (207) 602-2473 | Fax: (207) 602-5927 | Registrar@une.edu

INSTRUCTIONS FOR STUDENTS

- Registration restrictions may be overridden only with the approval of the Academic/Program Director responsible for administering the course.
- Academic/Program Director approval of a capacity override **DOES NOT** guarantee placement in the course. The Registrar's Office determines final approval based on the fire code capacity of the classroom.
- For undergraduate students only: Capacity overrides are not accepted until waitlisting has ended.
- Time conflict overrides must also be approved by the Academic Dean for your college. Consult with the Dean's office about additional information that may be required for consideration and approval.

STUDENT INFORMATION

Last N	ame:	First Name:	PRN:	
Email Address:			Major:	
Semester (Fall, Spring, Summer):		Year: Advisor	name (please print):	
SECTION I: RESTRICTION OVERRIDE COURSE INFORMATION				
Course CRN (ex. 54321):		Course Subject (ex. Blo	O): Course Number (ex. 41	0):
Course Title:			Number of	Credits:
If this course has a corequisite lab, enter the CRN for the corequisite course here (ex. 54321):				
SECTION II: SELECT OVERRIDE TYPE				
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	Class Override (ex. Junior, Senior)			
	Level Override (ex. UG, GR)			
	College Override (ex. College of Arts and Sciences)			
	Major/Minor Override (ex. Psychology)			
	Prerequisite Override			
	Program Override (ex. BA, BS)			
	Department Override (ex. School of Biological Sciences)			
	Special Instructor Permission (Graduate Only)			
	Capacity Override (Dependent on the fire code capacity of the classroom.)			
	Time Conflict (requires Academic Dean's Signature) Academic Dean's Signature			
	Other (ex. Duplicate, Mutual exclusion):			
SECTION III: APPROVALS (Font signature NOT accepted)				
Academic/Program Director's Name (Please print):				
Academic/Program Director's Signature:				
Date				