



# SAMFORD UNIVERSITY

## REGISTRATION PERMIT OVERRIDE REQUEST

Student: \_\_\_\_\_ Term: \_\_\_\_\_  
 (i.e. 2010 Jan Term, 2010 Spring)  
 Banner SUIID: \_\_\_\_\_ e-mail: \_\_\_\_\_@samford.edu

While registering via Self-Service, I encountered registration restrictions. Please permit me to over-ride these restrictions and register for the following class(es):

	CRN	Course (Subject, Number, Section)	Permit Code (see list below)	Approving Signature
1				
2				
3				
4				
5				

**Instructions:** In the grid above, 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 **secretary** of the **department offering the course** to **enter the permit in Banner**. Once the **permit** has been **entered**, **you must register** for the **course** to be **enrolled**; the **permit does NOT complete the registration**.

Please use the appropriate Permit Code(s) from the following list:

Permit Code	Override Error Meaning	Approval Signature(s) Required
<b>ATTS</b>	Student attribute restriction	Chairperson of the department offering the class
<b>CLAS</b>	Classification (Senior status) restriction	Chairperson of the department offering the class
<b>COLL</b>	College requirement	Your academic dean, the dean of the college offering the class, and the Dean of Academic Services and Registrar ( <b>3 signatures</b> )
<b>CORQ</b>	Co-requisite required	Chairperson of the department offering the class
<b>DEGR</b>	Degree requirement	Your academic dean, the dean of the college offering the class and the Dean of Academic Services and Registrar ( <b>3 signatures</b> )
<b>LEVL</b>	Level requirement	Your academic dean, the dean of the college offering the class and the Dean of Academic Services and Registrar ( <b>3 signatures</b> )
<b>LINK</b>	Link requirement (lecture/lab)	Chairperson of the department offering the class
<b>MAJR</b>	Major requirement	Chairperson of the department offering the class
<b>PREQ</b>	Prerequisite requirement	Chairperson of the department offering the class
<b>PROG</b>	Academic program requirement	Your academic dean, the dean of the college offering the class and the Dean of Academic Services and Registrar ( <b>3 signatures</b> )
<b>RESC</b>	Reserved Seat Limit Override	Your advisor and the department offering the class
<b>RPTS</b>	Repeat limit on course	Your advisor (To request that the new grade replace a C- or lower grade, <b>you must complete the 'Petition to Repeat a Course' form and submit it to Student Records for approval/processing.</b> )
<b>SEAT</b>	Seat limit on class	Instructor of the class ( <b>exception: UCCA, UCCP, UCBP and IDSC courses require Dean of Howard College of Arts and Sciences approval</b> )
<b>SPEC</b>	Dean/Department/Instructor permission requirement	Academic Dean, Chairperson of the department offering the class and/or Instructor offering the class ( <b>1-3 signatures</b> )
<b>TIME</b>	Time conflict	Instructors of both of the classes involved ( <b>2 signatures</b> )

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Notified of Permit/Override Approval: _____	(Circle one: In person   email   mail)
(Date/initials)	