



# SAMFORD UNIVERSITY

## REGISTRATION PERMIT OVERRIDE REQUEST

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

(i.e. 2010 Summer, 2010 Fall)

Banner SUID: \_\_\_\_\_ 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				
6				
7				

**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 Message	Approval Signature(s) Required
<b>CLAS</b>	Classification (Senior status) restriction	Chairperson of the department offering the classes
<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 classes
<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 classes
<b>MAJR</b>	Major requirement	Chairperson of the department offering the classes
<b>PREQ</b>	Prerequisite requirement	Chairperson of the department offering the classes
<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 Seats	Chairperson of the department offering the classes
<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 course ( <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 classes 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)	