



BOISE STATE UNIVERSITY

# Registration Override Form

## STUDENT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Student ID Number \_\_\_\_\_

SEMESTER  Fall  Spring  Summer Year: \_\_\_\_\_

## COURSE DETAIL

5-Digit Class Number	Subject & Catalog # (e.g., ENGL 102)	Section (e.g., 001)	Number of Credits	Permission Number (if needed)

## OVERRIDE REASON - SELECT ONE

**Allowing for a Section Change**  
 If, after the last day to drop with a W for that session, you will need approval from the University Academic Appeals Committee. Include this form with your Academic Appeal Form: [boisestate.edu/registrar/home/student-forms/](https://boisestate.edu/registrar/home/student-forms/)

\_\_\_\_\_  
 Instructor Name (Printed) Instructor Signature Date

**Dropping a Class that is a Co-Requisite of Another Class**  
 A signature is required for the class that will remain on your schedule to confirm approval that the prerequisites are no longer met.

\_\_\_\_\_  
 Department or Instructor Name (Printed) Department or Instructor Signature Date

**Adding a Full or Closed Workshop**

\_\_\_\_\_  
 Instructor Name (Printed) Instructor Signature Date

**Time Conflict**  
 You will need a signature from both course instructors.

\_\_\_\_\_  
 Instructor Name (Printed) Instructor Signature Date

\_\_\_\_\_  
 Instructor Name (Printed) Instructor Signature Date

**Adding a Class After the Deadline**  
 You will need approval from the University Academic Appeals Committee. Include this form with your Academic Appeal Form: [boisestate.edu/registrar/home/student-forms/](https://boisestate.edu/registrar/home/student-forms/)

\_\_\_\_\_  
 Instructor Name (Printed) Instructor Signature Date

**Changing a Class from Credit to Audit OR from Audit to Credit after the Deadline**  
 You will need approval from the University Academic Appeals Committee. Include this form with your Academic Appeal Form: [boisestate.edu/registrar/home/student-forms/](https://boisestate.edu/registrar/home/student-forms/)

\_\_\_\_\_  
 Instructor Name (Printed) Instructor Signature Date

**Other - Please Explain** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## STUDENT SIGNATURE

\_\_\_\_\_  
 Student Signature (No Electronic Signatures Accepted) Date

Registrar's Office Only
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