

State University of New York Maritime College
Office of the Registrar

SPECIAL REGISTRATION OVERRIDE FORM

Student Name _____ ID _____

First
Middle
Last

Degree _____ Major _____ Class: FR 04__ SO 03__ JR 02__ SR 01__ GR__

Semester _____ Year _____

Closed Course Section Override

CRN	Course	Section	Course Title	Dept. Chairperson Signature	Date

Prerequisite Override

CRN	Course	Section	Course Title	Dept. Chairperson Signature	Date

Time Conflict Override

CRN	Course	Section	Mtg Days	Begin Time	End Time	Instructor Signature	Date

Describe agreement made with the instructor(s) of the above courses for handle overlapping of classes:

Student's Major Chairperson Signature _____ Date _____

Late Registration Override

CRN	Course	Section	Course Title	Name of Instructor	Date

Department Chairperson Signature _____ Date _____

Provost Signature _____ Date _____

This form must be submitted in person to the Registrar's Office with an ADD/DROP form.