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 Chair Signature _____**Date**_____

School Dean Signature_____ **Date**_____

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

Revised 09/14/23