OVERRIDE/ SPECIAL PERMISSION FORM
DEPARTMENT OF ART/ SPRING 2019

Section I: To be completed by student.  

Date: ________________

Student’s Name:________________________  Spire ID #: ___________________________________

Studio Art (check one): Graduate Student ______ or Undergraduate Student ______
or Other Major (please list) _________________________________________________

Registration Appointment Date & Time: _______________________________________

Course information (i.e. Art 456B, 12345, 4):

Art Course # (3 digits): ________  Class # (5 digits): ______________  Credit #________

Student’s Phone #:___________________________________________________________

Student’s Signature:_________________________________________________________

Section II: Must be completed by faculty member.  

Date: ________________

Should staff processing the override go over the course capacity?

Instructors must answer this question here-check one: Yes______ or No_______

The above named student has my permission to add my course.

____________________________________  
(faculty signature)

____________________________________  
(print faculty member’s name)

NOTE:  Any time conflicts are the student’s responsibility. If there is a scheduling conflict, the requested course may not be entered into the student’s schedule.

Return this form to the Art Department main office in room 218 SAB.