

## **Closed Class Override Card**

The purpose of this card is to request enrollment in a course that is closed and/or unavailable.

Campus/Location

**Date Signed** 

Closed class overrides may be approved by the faculty, the department chair or other administrator through the 100% refund date for the course. After that time, only the faculty may authorize an override. Return this card to any Admissions and Registration Office within two days of the date signed. This form will not be processed if any information is altered.

Term	Student ID N	lumber Student Name (Last, Fi	rst) Student Signature	Date Signed
Course Number	er	Course Instructor (Print Name/Signature)	Department	Date Signed
Subject Area	Au	thorized Administrator (Print Name/Signature)	Department	Date Signed
Course Number	r —	Course Instructor (Print Name/Signature)	Department	Date Signed
Subject Area	Au	nthorized Administrator (Print Name/Signature)	Department	Date Signed

Processed by (Signature)

## A&R Card - Revised 5/2024

Processed by (Print Name)