



University of Pittsburgh
at Greensburg

CLASS PERMISSION OVERRIDE FORM

Last Name		First Name		*Student ID #	SS# (Last 4 digits only)	Term & Year <input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer _____
Subject	Credits 1 <input type="checkbox"/> 1.5 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Catalog Number	Class #	Reason for Override: Check only those applicable <input type="checkbox"/> Pre or Co-requisite <input type="checkbox"/> Closed Class <input type="checkbox"/> Credit Load <input type="checkbox"/> Time Conflict <input type="checkbox"/> Department Permission <input type="checkbox"/> Instructor Permission		
Class Permission #:				Date Permission Expires <input type="checkbox"/> End of Add/Drop Period <input type="checkbox"/> Date: ____/____/____		

Instructor's Signature

Date

Instructions: All students receiving an Override signature must bring this form to the Registrar's Office – 120 Millstein Library.