

Class Permit/Override Form

Student Information

Last Name			First Name					
					T =			
Student Number	NSID (Communication v	will be throug	h your universit	y email)	College			
Note: If the following statements are true	then go directly to your collec	ge:						
■ I want to exceed my maximum credit ur								
I want to repeat a class for which I alread	y have credit							
Request (Check all that apply)								
Special approval (departmental approv	al, instructor's signature, etc.)							
Class limit override								
Class restriction override (e.g. the class	s only open to a particular col	llege, major,	, program, or I	evel)				
Time conflict override								
Lecture/lab exemption								
Class Information								
Course Reference Number (CRN)	Subject		Number	Section	Year and Term	Lab/Tutorial CRN (if applicable)		
Step 1: Have the instructor of the class si	an and date helow	'				'		
Instructor's Name Instructor's Si			e		Date			
instactor's name								
Step 2: Have the department head sign a	and date below							
		tment Head o	r Designate's Sig	Date				
Step 3: Take this form to the department permission or override by selecting "Check) placed on yc	our record. (You a	are able to verify that yo	ou have been given the correct		
Step 4: Has the deadline for registration of	changes for this term passed?							
■ NO ② Register yourself o	on PAWS							
■ YES ⇒ You must also com	plete the Late Enrolment i	n a Class Fo	orm					
Student's Signature		Date	2					

DEPARTMENT USE ONLY: INITIAL EACH PERMISSION ENTERED AND DATE.								
PERMIS	RESTRICT	LIMIT	TIME	LINK	DATE			