REQUEST FOR COURSE OVERRIDE - Fall '20 SEMESTER

IN ORDER FOR DEPARTMENT CHAIRS TO MAKE A FAIR DECISION, REQUESTS RECEIVED THE WEEK BEFORE CLASSES START MAY NOT BE CONSIDERED

This form will not be processed unless all information is complete. Submit this form to the Academic Advising & Support Center, Maryland Hall 138, or at AASC@loyola.edu. Course overrides are reviewed by the department chair and are only approved if there are extenuating circumstances. **Course instructors do NOT have the authority to grant overrides.** This form cannot be processed if there is a time conflict with your existing schedule or if there is a financial hold on your account. You will be notified by e-mail if approved or denied. Preference is given for requests submitted immediately after you assigned registration time and date.

Last Name	First Name		ID#		Class Year
Major	r Minor E Mai		Address	Telepho	ne #
		1		1	
Is this a sixth course?	☐ Yes	□ No			
I have electronic sixth co	urse permission.	☐ Yes			
I request an overric	de for:				
	uc 101 .				
Course #			Title		
Meeting Days			Meeting Time		
If required, I have comple	eted all pre-requisite	es for this course	e. 🗌 Yes		
If no, please explain.					
If approved, DROP	from:				
Course #			Title		
Meeting Days			Meeting Time		
Explain in detail why you a	are requesting an ove EQUEST WILL NO		SED TO CHANG	E INSTRUC	TOR
	(2 12 11 11 11 11 11 11 11 11 11 11 11 11				
Enter your name below to act as your digital signature. Student Signature				Date	
Academic Advising & Supp	nort Cantar Racomm	andation:		Dute	
	port Center Recomm	ichuation.			
Date Received					
Date Signed					
Academic Advising & Sup	pport Center Admin	istrator's Signa	ture		
Department Chair Decision:				□ DENIED	
Department Chair's Sign:				Date	