

HOWARD UNIVERSITY
DIVISION OF FINE ARTS — DEPARTMENT OF ART
OVERRIDE REQUEST FORM

STUDENT DATA SECTION

Classification: • Other:
Name: • HU Student ID# @
Major: • School/College: • Year Entered Fine Arts:
Email Address: • Cell Number:
Total Hrs. Enrolled: • Semester/Year: • Fall/ • Spring/ • Sum/

Request for overrides must be accompanied by an UNOFFICIAL TRANSCRIPT for all transactions.

I am requesting an override for the following course:

Course Title:
Subject Name/Course #: • CRN#: • Section: • Credit Hrs.:
 CLASSIFICATION OVERRIDE PREREQUISITE OVERRIDE COLLEGE RESTRICTION OVERRIDE
 TIME-CONFLICT OVERRIDE Increase Maximum Hrs. Allowed: • # of Hrs.: • Before: • After:
 Other
Initial and Date: Associate Dean • Chairperson: _____ • Advisor: _____ or, • Designee: _____
Date: _____ Approved: _____ • Denied: _____

I am requesting an override for the following course:

Course Title:
Subject Name/Course #: • CRN#: • Section: • Credit Hrs.:
 CLASSIFICATION OVERRIDE PREREQUISITE OVERRIDE COLLEGE RESTRICTION OVERRIDE
 TIME-CONFLICT OVERRIDE Increase Maximum Hrs. Allowed: • # of Hrs.: • Before: • After:
 Other
Initial and Date: Associate Dean • Chairperson: _____ • Advisor: _____ or, • Designee: _____
Date: _____ Approved: _____ • Denied: _____

I am requesting an override for the following course:

Course Title:
Subject Name/Course #: • CRN#: • Section: • Credit Hrs.:
 CLASSIFICATION OVERRIDE PREREQUISITE OVERRIDE COLLEGE RESTRICTION OVERRIDE
 TIME-CONFLICT OVERRIDE Increase Maximum Hrs. Allowed: • # of Hrs.: • Before: • After:
 Other
Initial and Date: Associate Dean • Chairperson: _____ • Advisor: _____ or, • Designee: _____
Date: _____ Approved: _____ • Denied: _____