

Department of Art Override Request Form

NAME: _____

HU ID#: @ _____ Classification: _____

School/College: _____

Department: _____

Major: _____ Minor: _____

Concentration: _____

HU Email: _____

Phone: _____

I AM REQUESTING AN OVERRIDE FOR:

Semester/Session: _____ Year: _____

Course Title: _____ #Credits: _____

CRN #: _____ SubjectName/Course#: _____ Section#: _____

Override Type:

* For Increase Maximum Hrs. Allowed: No. of Hours Before: _____

No. of hours: _____ No. of Hours After: _____

APPROVED BY:

Advisor/Designee:

Name: _____ Signature: _____ Date _____

Instructor/Designee:

Name: _____ Signature: _____ Date _____