Instructor Override Form

| Student Name: | |
|---|---|
| UID: | |
| Email: | |
| | Course Information |
| CRN#: | Course Prefix/Number: |
| Course Name: | |
| Instructor Name: | |
| By signing this form, you are opermitted to enroll in this clos | confirming your approval for the above student to be sed section of your class. |
| Instructor Signature | Date |
| Student Signature | |