

Date/time received: \_\_\_\_\_ by \_\_\_\_\_ Registration date/time \_\_\_\_\_

### MSU Denver Department of Art Override Form

Student Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Catalog Year: \_\_\_\_\_ Phone #: \_\_\_\_\_ Major: \_\_\_\_\_

I request that the Department of Art grant override approval for me to register in the following course (one class per form only). I give the department permission to access my academic records to confirm that I have met the prerequisites and other requirements for this class. **I understand that I am responsible for registering myself once approval has been granted.**

Course # \_\_\_\_\_ CRN: \_\_\_\_\_ Semester: \_\_\_\_\_

Title: \_\_\_\_\_

#### Prerequisite Override Explanation (including program and level overrides) – attach Degree Progress Report

- Prerequisite(s) being transferred or incorrectly transferred - attach copy of transcript
- Post baccalaureate student; prerequisites part of previous degree – attach copy of transcript
- Will complete prerequisite before course begins (**modular classes**) - attach copy of schedule
- Computer does not recognize old course prefix and/or number
- Student’s catalog year does not require this prerequisite/program/level (circle one)
- Student is under a program that does not require “C or better” or computer not recognizing “C-“
- Prerequisite discontinued - student meets alternate prerequisite: \_\_\_\_\_
- Prerequisite is being filled by substitution: \_\_\_\_\_
- The student will take the following prerequisite as a co-requisite: \_\_\_\_\_
- Requires advisor and department chair approval
- I request that the prerequisite be waived because: (briefly explain) \_\_\_\_\_

Current course prerequisites: \_\_\_\_\_

Student’s prerequisites: \_\_\_\_\_

#### Department Restriction Override Explanation - Approving faculty signature certifies that student has attended all class meetings the first week.

The following requires **instructor** approval:

The class has met. This student was on the waiting list.

The following requires **instructor and area coordinator** approval:

The class has met. This student was **not** on the waiting list.

The class is full. Increase enrollment.

The class has met. Student attended the first meeting(s) of another section of the same course.

The following requires **coordinator and department chair** approval (ARTH 2080 does not require coordinator approval).

The class has a department restriction. (Senior Experience, Directed Studies, Studio Assistantship, ARTH 2080, etc.).

Student may enroll for \_\_\_\_\_ semester hours. (variable credit course only).

Comments \_\_\_\_\_

msudenver.edu

Student Signature (or attach authorizing email) \_\_\_\_\_ Date \_\_\_\_\_ email \_\_\_\_\_

Instructor/Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_ Area/Program Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

Instructor/Advisor Print name \_\_\_\_\_ Area/Program Coordinator Print name \_\_\_\_\_

Deanne Pytlinski, Chair  I authorize this enrollment  I deny authorization \_\_\_\_\_ Date \_\_\_\_\_