

PLEASE USE ADOBE ACROBAT TO COMPLETE THIS FORM

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 area coordinator and department chair approval. Attach a Degree Progress Report.
The class requires department approval (Senior Experience, Directed Studies, Studio Assistantship, etc.).
Student may enroll for \_\_\_\_\_ semester hours (variable credit course only).

Comments \_\_\_\_\_

@msudenver.edu

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

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_ Area or Program Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_ Print name \_\_\_\_\_

Matt Jenkins, Chair \_\_\_\_\_ I authorize this enrollment. I deny authorization. \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY: Processed by: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Date Student Notified: \_\_\_\_\_ Logged \_\_\_\_\_ REV: 07/24/24