



# SAMFORD UNIVERSITY

## REGISTRATION PERMIT OVERRIDE REQUEST

Student: \_\_\_\_\_ Term: \_\_\_\_\_  
(i.e. 2008 Summer, 2008 Fall)

Banner SUIID: \_\_\_\_\_ e-mail: \_\_\_\_\_@samford.edu

While registering via Self-Service, I encountered registration restrictions. Please permit me to over-ride these restrictions and register for the following class(es):

	CRN	Course (Subject, Number, Section)	Permit Code (see list below)	Approving Signature
1				
2				
3				
4				
5				
6				
7				
8				

**Instructions:** In the grid above, enter the Course Reference Number (CRN), Course information, and the type of registration permission (Permit Code) you are requesting. Obtain the Approval Signature(s) and present this form to the secretary of the department offering the course to enter the permit in Banner. Once the permit has been entered, you must register for the course to be enrolled; the permit does not complete the registration. Please use the appropriate Permit Code(s) from the following list:

Permit Code	Override Error Message	Approval Signature(s) Required
CLAS	Classification (Senior status) restriction	Chairperson of the department offering the classes
COLL	College requirement	Your academic dean, the dean of the college offering the class and the Dean of Academic Services and Registrar ( <b>3 signatures</b> )
CORQ	Co-requisite required	Chairperson of the department offering the classes
DEGR	Degree requirement	Your academic dean, the dean of the college offering the class and the Dean of Academic Services and Registrar ( <b>3 signatures</b> )
LEVL	Level requirement	Your academic dean, the dean of the college offering the class and the Dean of Academic Services and Registrar ( <b>3 signatures</b> )
LINK	Link requirement (lecture/lab)	Chairperson of the department offering the classes
MAJR	Major requirement	Chairperson of the department offering the classes
PREQ	Prerequisite requirement	Chairperson of the department offering the classes
PROG	Academic program requirement	Your academic dean, the dean of the college offering the class and the Dean of Academic Services and Registrar ( <b>3 signatures</b> )
RPTS	Repeat limit on course	Your advisor and academic dean
SEAT	Seat limit on class	Instructor of the course ( <b>exception: UCCA, UCCP, UCBP and IDSC courses require Dean of Howard College of Arts and Sciences approval</b> )
SPEC	Dean/Department/Instructor permission requirement	Academic Dean, Chairperson of the department offering the classes and/or Instructor offering the class ( <b>1-3 signatures</b> )
TIME	Time conflict	Instructors of both of the classes involved ( <b>2 signatures</b> )

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Notified of Permit/Override Approval: _____ (Date/initials)	(Circle one: In person email mail)
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