

TEXAS SOUTHERN UNIVERSITY

3100 Cleburne Street * Houston, Texas 77004

713-313-7071

COURSE SELECTION OVERRIDE REQUEST

PLEASE PRINT USING BLACK INK

Date: _____
Month Day Year

Student Name: _____
Last First Middle

Student T#: _____ Phone: _____

TSU Email Address: _____

Advisor's Signature: _____ Major: _____

Classification: _____ Semester: Fall Spring Sum I Sum II

Please override the following "Registration" Message(s) for (Fall Spring Sum I Sum II) Term, allowing student to select course(s) listed below:

- College Restriction
- Major Restriction
- Level Restriction
- Prerequisite Error
- Classification Restriction
- Max Hours _____ (Enter total hours approved)

COURSE(S) TO BE ADDED (Add separate page if necessary)

| Computer Number | Subject | Course No. | Section | Credit Hrs. |
|-----------------|---------|------------|---------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total Hours Above _____

Advisor's Comments: _____

Department Chair's Signature: _____ Date: _____
(Approving Department of Course) Month Day Year

- Approved
- Denied

DEPARTMENT USE ONLY

Approved Denied Date Processed: _____

Dean's Signature: _____ Date: _____
(Approving Department of Course) Month Day Year

Comments: _____