Office of Enrollment Services Override Form

Student Information:

Student Name _____
First   Middle   Last

Student ID _____Student Email_____
F00

Course Information:

Term: □ Spring 20_____   □ Summer 20_____   □ Fall 20_____

Subject _____ *Course Number _____ *CRN _____ Hrs_____
(EX: PSYC)   (EX: 1101)   (0123)   (only if variable)

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Manual Overrides: **All other overrides must be done online**

□ Duplicate Course – Student taking multiple 99 courses
□ Level Restriction – Student taking upper division FSU class

Late Request:

□ Late Override

Signatures:

Instructor _____ Date _____

For Office Use Only

Staff Signature _____ Date _____

Forms will not be accepted or processed without all required information.

Last Updated 1/19/2017