

For Registrar's Office Use ONLY:

Office of Records and Registration

Form Updated: 05/19/2021

640 Bay Road, Warren Hall, Queensbury, NY 12804-1445

CALL: 518.743.2279 | FAX: 518.832.7601 | EMAIL: registrar@sunyacc.edu

Registration Override Form

		Complete	d forms should be	e submitted	to the Registrar's Office.		
Semester: Summer	⊐ Fall □	Winter	□ Spring	Year	Date:		
Student Name (Please print):					Banner ID:		
	CRN	Subject a	nd Course Numbe	er	Course Title	Credit Hours	
Requested Course							
Linked course (if applicable)							
Student Signature:				Advis	Advisor Signature: (if applicable)		
		C	omplete only tl	he section	n(s) necessary.		
CLOSED COURSE: Allow this student to register above the maximum class size. (Override only available during Drop/Add period)				☐ PR	☐ PREREQUISITE/COREQUISITE OVERRIDE:		
				Rationa	Rationale for override:		
Instructor signature		Date	<u>е</u>	Instruct	tor signature	Date	
Division Chair signature		Da	te	Division	n Chair signature	Date	
OTHER: For requests that do r	not fit into the other i	noted reque	ests please	☐ RE	GISTRATION CREDIT LIMIT (Son	me requests may require final grade review	
provide rationale associated.				of curre	ent semester coursework.)		
Rationale for override:					OVER 18 CREDIT OVERLOAD		
,					OVER 14 CREDIT PROBAT	TION LIMIT	
					OVER SEMESTER or PART		
					UVER SEMESTER OF PAR	I-OF-TERM CREDIT LIMIT	
Instructor signature		Da	te	Allow th	nis student to register up to	credits.	
		Da					
		Da					
Associate Vice President for Acade	mic Affairs signature	e Da	ate	Associa	ate Vice President for Academic Af	fairs signature Date	

Date Processed:

Initials: