



OVERRIDE FORM

Registration term/year: Fall Spring Summer Year: _____

Name: _____ UCFID: _____

Knights Email: _____ Major: _____

Academic Level: ___ Freshman ___ Sophomore ___ Junior ___ Senior
___ 2nd Degree Seeker ___ Graduate Non-Degree ___ Master's ___ Ph.D.

***** Override forms WILL NOT be accepted after the close of registration (end of Add/Drop/Swap) *****

Only one course (and a corresponding lab section when required) may be listed on this form.

Subject Prefix and Catalog Number (ex: MCB 3020C)	Class Number (ex: 52230)	Section (ex: 0001)	Title of Course (ex: General Microbiology)

*******PAYMENT RESPONSIBILITY*******

I understand that if I do not attend classes I must drop them before the Drop Deadline in order to avoid incurring fees. I accept responsibility for payment of my semester tuition and fees by the published deadline. I also understand that if I fail to pay my tuition and fees by the deadline, I will be charged a late fee of \$100.00, my records will be put on hold, my account will be referred to a collection agency, and I may incur other financial consequences.

I understand my responsibilities as stated above: _____ Date: _____

Reason for Override Request

- _____ System does not recognize prerequisites
- _____ Prerequisites not met
- _____ Time Conflict
- _____ Other (explain in detail please): _____

If you are trying to exceed the credit hour limit, please request a Special Permission Override Form from BSBSAdvising@ucf.edu

Department Use Only

Processed By: _____ Signature: _____ Date: _____