SCHOOL OF HUMAN ENVIRONMENTAL SCIENCES

OVERRIDE/REGISTRATION FORM

Instructions: This form is to be completed by the student requesting an override. The student will complete the top and questions 1-6, then **send this form to the instructor of the course for signature.**

Please do not submit this form if you have a course conflict or any drop/add holds on your account. These issues need to be resolved before submitting the form. If this course will put you over 18 hours, you need <u>pre-approval</u> from your Dean's Office prior to submitting this form.

ıdeni	t Name	Student ID	Student UARK	Email	Date
1.	Are you in an online program?	Yes	No		
2.	Course Prefix: AMPD	HDFS	HESC	HOSP	NUTR
3.	Semester (ex. Su 24)	Course Numbe	erSeSe	ection Number	er
4.	UAConnect Class Number:			Life Span Develor Days & Times	oment
			1070 Regular	TuTh 9:30AM - 10:45AM	Old Main Giffels 0201
5.	Did you check to ensure prereq	uisites for this c	lass have been m	et? Yes	s No
	5a. If prerequisites are not met,	please indicate	which prerequisi	tes are missir	ng:
	Reason for override. Check all Class Closed Instructor	that apply. Requ	uired	Dual Requisi	
6.	Reason for override. Check all Class Closed Instructor	that apply. Requestor Permission Section Swap	Co/Pre/I	Dual Requisit	
6.	Reason for override. Check all Class Closed Instructo Class Time Conflict	that apply. Requestor Permission Section Swap	Co/Pre/I	Dual Requisit	
6.	Reason for override. Check all Class Closed Instructo Class Time Conflict	that apply. Requior Permission Section Swap	Co/Pre/I	Dual Requisit	
6. InsTh	Reason for override. Check all Class Closed Instructo Class Time Conflict tructor Signature:	that apply. Requestree or Permission Section Swap UA	Co/Pre/I	Oual Requisit	te

The area coordinator will send the completed and signed form to hesc@uark.edu