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.

adent 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.	Course Number:	Section Num	ber:		
			UAConnect Class N	umber	
4.	UAConnect Class Number:		▼HDFS 1403 -	Life Span Develop	oment
			Class Section 1070 001-LEC Regular	Days & Times TuTh 9:30AM - 10:45AM	Room Old Main Giffels 0201
	Didll-4	nicited for this	class have been m	et? Yes	s No
5.	Did you check to ensure prerequesta. If prerequisites are not met,			tes are missi	
 6. 	Sa. If prerequisites are not met, Reason for override. Check all t Class Closed Instructo	please indicate that apply. Require Permission	e which prerequisit uired Co/Pre/I	Dual Requisi	ng:
6.	Sa. If prerequisites are not met, Reason for override. Check all t Class Closed Instructo Class Time Conflict	that apply. Require Permission Section Swap	which prerequisit uired Co/Pre/I	Oual Requisi	ng:
6.	Sa. If prerequisites are not met, Reason for override. Check all t Class Closed Instructo	that apply. Require Permission Section Swap	which prerequisit uired Co/Pre/I	Oual Requisi	ng:
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6. Ins	Sa. If prerequisites are not met, Reason for override. Check all t Class Closed Instructo Class Time Conflict S tructor Signature:	that apply. Req	which prerequisit uired Co/Pre/I Class number swapping fi	Dual Requisi	ng: te

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