University of Pittsburgh | Greensburg

CLASS PERMISSION OVERRIDE FORM

Instructions: All students receiving an override signature must bring this form to the Registrar's Office – 120 Millstein Library. Some overrides may affect financial aid status and/or tuition.

Last Name	First Name	PeopleSoft ID #	SS# (Last 4 digits only)	Term & Year
				Fall _____ Spring _____ Summer _____

Subject	Catalog # (4 digits)	Class # (5 digits)	Reason for Override: Check only those applicable
			☐ Pre or Co-requisite ☐ Closed Class ☐ Time Conflict ☐ Department Permission ☐ Instructor Permission

Course Title	Date Permission Expires
Credits .5 ☐ 1 ☐ 1.5 ☐ 2 ☐ 3 ☐ 4 ☐	☐ End of Add/Drop Period ☐ Date: ____/_____/___
Instructor/Department Notes	**Class Permission # (Registrar use only)**

_____   _____   _____

Instructor's Signature   **Instructor's Printed Name**   **Date**

_____   _____

Student's Signature   **Date**

Office use only *Notes:*	Received by / Date:	Processed by / Date:

Revised: 11/2019