

**The University of Texas of the Permian Basin  
Office of The Registrar – Registration Override Form**

**Student Name :** \_\_\_\_\_ **Semester:** \_\_\_\_\_

**Student ID:** \_\_\_\_\_

Override or Waiver \_\_\_\_\_ Authorized Signature(s) \_\_\_\_\_

<b>Override Maximum Undergraduate Hours</b>	_____
<b>Override Maximum Graduate Hours</b>	_____

<b>Special Permission For Course</b>	_____
<b>Course # :</b> _____	_____
<b>Course # :</b> _____	_____

<b>Closed course Override</b>	_____
<b>Course # :</b> _____	_____
<b>Course # :</b> _____	_____

<b>Prerequisite Waiver</b>	_____
<b>Course # :</b> _____	_____
<b>Prerequisite :</b> _____	_____

<b>Admittance Into School of Business Candidacy</b>	_____
<b>Program :</b> _____	_____
<b>Semester to Begin:</b> _____	_____

<b>Admittance Into School of Education Program</b>	_____
<b>Certification Semester to Begin:</b> _____	_____
<b>Student Teaching Semester to Begin :</b> _____	_____

<b>Other :</b> _____	_____
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