UNIVERSITY PROGRAMS (Undeclared; AGS; BIS)
OVERRIDE FORM
(Complete Parts 1,2,3, & 4 and return to Associate Dean’s Office, Miller 106 for processing)

PART 1 – STUDENT INFORMATION
Name (Printed): ______________________________ EKU ID#: ______________________
Major: ______________________________ Term Exception to be Applied: ______________
Total Hours Completed: ____ Cum.GPA: __________ Advisor (Printed): ______________________

PART 2 – TYPE OF OVERRIDE
Note: Do not use this form for: Prerequisite Waiver; Major Restriction; Class Restriction.
Student should contact Department that offers course.
Overload Request: Allow Student to take _______________________ hours
Second or Subsequent Repeats (list course to be repeated): ______________________
Number of times course has been taken previously: ______________
Other (explain in detail): ____________________________________________
_____________________________________________________________________

PART 3 - JUSTIFICATION, IF REPEATING A COURSE, EXPLAIN PLAN FOR SUCCESS:
_____________________________________________________________________
_____________________________________________________________________

PART 4 – REQUIRED SIGNATURES
________________________________________ Date
Student

________________________________________ Date
Advisor

Recommend Not Recommend

________________________________________ Date
Associate Dean University Programs

Approve Disapprove

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DO NOT WRITE BELOW THIS LINE (OFFICIAL USE ONLY)
OVERLOAD: Registrar contacted on (date) __________________ (Attach email sent to schedule.reg@eku.edu)
REPEATS: Processed in Banner on (date) __________________ BY ______________________________
OTHER: (date) __________________________ ACTION/NOTES: ________________________________