

**North Carolina Central University
Office of the Registrar**

REGISTRATION OVERRIDE FORM

DATE INITIATED
NAME
MAJOR

SEMESTER
BANNER ID
MINOR OR CONCENTRATION

LOCAL TELEPHONE NUMBER
Student Signature

1.					
REASON(s) FOR REQUEST:					
CRN	SUBJECT	COURSE NUMBER	SECTION	COURSE TITLE	COURSE CREDIT HOURS

2.					
REASON(s) FOR REQUEST:					
CRN	SUBJECT	COURSE NUMBER	SECTION	COURSE TITLE	COURSE CREDIT HOURS

3.					
REASON(s) FOR REQUEST:					
CRN	SUBJECT	COURSE NUMBER	SECTION	COURSE TITLE	COURSE CREDIT HOURS

ACADEMIC ADVISOR (please print)

ACADEMIC ADVISOR SIGNATURE

DATE:

DEPARTMENT CHAIRPERSON (please print)

DEPARTMENT CHAIRPERSON SIGNATURE

DATE: