BOISE STATE UNIVERSITY

Registration Override Form

STUDENT INFORMATION

_____

First Name   Last Name   Phone Number   Student ID Number

SEMESTER   ☐ Fall   ☐ Spring   ☐ Summer   Year: _____

COURSE DETAIL

Add	Drop	5-Digit Class Number			Subject & Catalog # (e.g., ENGL 102)	Section (e.g., 001)	Number of Credits	Permission Number (if needed)

OVERRIDE REASON – SELECT ONE

☐ Allowing for a Section Change
If, after the last day to drop with a W for that session, you will need approval from the University Academic Appeals Committee. Include this form with your Academic Appeal Form: boisestate.edu/registrar/home/student-forms/

_____
Instructor Name (Printed)   Instructor Signature   Date

☐ Dropping a Class that is a Co-Requisite of Another Class
A signature is required for the class that will remain on your schedule to confirm approval that the requisites are no longer met.

_____
Department or Instructor Name (Printed)   Department or Instructor Signature   Date

☐ Adding a Full or Closed Workshop

_____
Instructor Name (Printed)   Instructor Signature   Date

☐ Time Conflict
You will need a signature from both course instructors.

_____
Instructor Name (Printed)   Instructor Signature   Date

_____
Instructor Name (Printed)   Instructor Signature   Date

☐ Adding a Class After the Deadline
You will need approval from the University Academic Appeals Committee. Include this form with your Academic Appeal Form: boisestate.edu/registrar/home/student-forms/

_____
Instructor Name (Printed)   Instructor Signature   Date

☐ Changing a Class from Credit to Audit OR from Audit to Credit after the Deadline
You will need approval from the University Academic Appeals Committee. Include this form with your Academic Appeal Form: boisestate.edu/registrar/home/student-forms/

_____
Instructor Name (Printed)   Instructor Signature   Date

☐ Other – Please Explain _____

_____

STUDENT SIGNATURE

Registrar's Office Only

_____
Student Signature (No Electronic Signatures Accepted)   Date

Deliver to: Boise State Registrar's Office, Administration Building, Room 110, 1910 University Drive, Boise, ID 83725-1365
Email: regmail@boisestate.edu | Phone: (208) 426-4249 | FAX: (208) 426-3169