

TEXAS SOUTHERN UNIVERSITY
3100 Cleburne Street - Houston, Texas, 77004
713-313-7071
COURSE SELECTION OVERRIDE REQUEST

PLEASE FILL USING BLACK INK

Date: _____
Month Day Year

Student Name: _____
Last First Middle

Student T#: _____ Phone: _____

TSU Email Address: _____

Advisor's Signature: _____ Major: _____

Classification: _____ Semester: Fall Spring Sum I Sum II

Please override the following "Registration" Messages for (Fall Spring Sum I Sum II) Term
 allowing student to select course(s) listed below:

College Restriction Major Restriction Level Restriction Prerequisite Error
 Classification Restriction Max Hours _____ (Enter total hours approved)

COURSE(S) TO BE ADDED (Add separate page if necessary)

Computer Number	Subject	Course No.	Section	Credit Hours

Total Hours Above: _____

Advisor's Comments:

Dept. Chair's Signature: _____ Date: _____
(Approving Department of Course) Month Day Year

DEPARTMENT USE ONLY

Approved: Denied: Date Processed: _____
Month Day Year

Dean's Signature: _____ Date: _____
(Approving Department of Course) Month Day Year

Comments: _____