## GREAT FALLS COLLEGE MONTANA STATE UNIVERSITY

OVERRIDE AUTHORIZATION								
		Term:	□Fall	□Spring	□Summer	Year:	_	
Name:	Last		First		Stuc			
CRN:_	Course N	Num. & Sec.:		(	Course Title:		Credits:	
SI	ELECT THE REAS	ON (S) FOR	R OVER	RIDE:				
	□ Capacity	□Time Co	nflict	□Cou	ırse Restriction	□ Late Add		
	□ Prerequisite:	<ul><li>☐ High Sc</li><li>☐ Writing</li><li>☐ Need to</li><li>☐ All other</li></ul>	hool gra Survey pass 1	ades st block to	remain in 2 <sup>nd</sup> bl	(Writing: HS G (Math/Writing: (Writing: WRIT ock course. (PF (PREREQ)	HS Grade) ΓSURV)	
	naucin expiani iiriy		- Somig 70	yaasaa a	na anaon appropr		on to support request (if ne	
Studen	nt Signature:				Phone:		Date:	
	DUR SIGNATURE, YOU THIS MAY AFFECT Y				GE TO ENROLL YO	OU IN THE REQUE	STED COURSE, AND UNDE	RSTAND
Advisor or Instructor Signature			Division Director Signature (for some prerequisite overrides & late adds only)					
	verride is <u>for Course Re</u> <u>Survey</u> or <u>Prereq- block</u>					tive GPA, <u>Prereq - H</u>	igh School grades, Prereq -	
If the O	verride is for <u>Capacity</u> , <u>T</u>	<u>Fime Conflict,</u> or	Course R	Restriction- c	only the Instructor'	s signature is requ	ired for authorization.	
If the O	verride is for <u>Prerequisit</u>	<u>e- Other or Late</u>	<u> Add</u> – <b>bo</b>	oth the Instru	uctor and Division	Director signatures	are required.	
	Entered by	r:		Stu	dent Notified by:			

Last Updated: February 2023