

OVERRIDE SLIP

University Theatre

Date: _____ Course Number: _____
Term (X): Fall ___ Spring ___ Summer ___ CRN: _____
Student Phone: _____ Course Title: _____
Student Banner ID: _____ Prereq. Needed: _____

Error Message: _____
Faculty Name: _____
Faculty Signature: _____
Chair Signature: _____

**1-Time Conflict Override, 2-Special Approval, 3-Pre-Req Override, 4-Class Override,
5-Program Override, 6-College Override, 7-Capacity Override, 8-Co-Req Override**

Complete this form and return it electronically to Natalie Kiriazis at nakiriazis@ysu.edu.