



State University of New York
CLINTON
Community College

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REGISTRATION OVERRIDE

Return completed form to the Registrar's Office in the Stafford Building, Room 302T.

Printed Student Name: _____ ID #: C _____ Registration Term: _____

Student Signature: _____ Date: _____

☐ **CLOSED COURSE:** Add this course, above the course maximum seat limit.

Course: _____ Section #: _____

Instructor Signature: _____

☐ **CREDIT OVERLOAD:** Add this course, if seats are available, even though it means you will be registered for more than 18 credits.

Course: _____ Section #: _____

Maximum Credit Requested: _____

☐ **PRE-REQUISITE/CO-REQUISITE:** Add this course, if seats are available, without the required pre-requisite/co-requisite.

Course: _____ Section #: _____

Instructor Signature: _____

Department Chairperson Signature: _____

☐ **TIME OVERLAP:** Add this course, if seats are available, which overlaps with another course for which you are already registered.

Course: _____ Section #: _____

Instructor Signature: _____

☐ **COURSE(S) WHICH DO NOT COUNT TOWARD DEGREE REQUIREMENTS**

Course: _____ Section #: _____

Course: _____ Section #: _____

The following signatures are required for all sections of this form:

Advisor Signature: _____ **Date:** _____

Financial Aid Signature: _____ **Date:** _____

OFFICE USE ONLY: Date Processed: _____ Processed By: _____

Revised 9/19