<div align="center">**CFR Registration Override**</div>

This form is for CFR classes with the following prefixes: CFR, FO, NREC, SBP, and WFA. Please fill the form out completely and legibly.

Name_____ MSU or Net ID#_____ Phone_____

Major_____Concentration_____

Course Symbol_____Course Number_____Section_____

Is there a lab required with this course? _____

        If so, provide: Course Symbol_____Course Number_____Section_____

Check all that apply: ____Class Capacity   ____Duplicate Course
                                  ____Repeat   ____Student Classification
                                  ____Pre-requisite Override   ____Student Major
                                  ____Time Conflict (Requires both instructors' signatures)

Signature of Instructor(s): 1. _____   2. _____

Return to the CFR Office of Student Services, TH 129. Once OSS has processed this request, the student **MUST ADD THE CLASS.**

For office use only: _____Approved   _____Denied   Handled by_____   Date_____ Revised 03/2018