

CFR Registration Override

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:

<input type="checkbox"/> Class Capacity	<input type="checkbox"/> Duplicate Course
<input type="checkbox"/> Repeat	<input type="checkbox"/> Student Classification
<input type="checkbox"/> Pre-requisite Override	<input type="checkbox"/> Student Major
<input type="checkbox"/> 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