Fox Valley
TECHNICAL COLLEGE
Knowledge That Works

Class Override Form

Student Name: _____ Student ID #: _____

Phone Number: _____ Last 4-digits of SSN: _____ Date of Birth: _____

Note to Student: Class fees are due 10 days prior to the class start date or the term fee due date, whichever is later

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FOR STAFF USE ONLY

5-Digit Class Number(s): _____ _____ _____ _____
Do not use state catalog number; only 5 digit class numbers

Initial all statements that apply:

☐ Permission to override prerequisite or corequisite

☐ I am aware the class above is full; please allow student to register for this class

☐ I am aware the class above has already started; please allow student to register late

☐ I am aware the class above has a time conflict with another class

☐ I am aware the above student has a Progression Policy hold on their record; please allow student to register for the class(es) above

☐ Permission to override the maximum credits for the term (approved by Counseling & Advising E121 or Faculty Advisor)

☐ Permission to override Academic Probation/Suspension hold (approved by Counseling & Advising E121)

☐ Roster/Swap: Class number change from _____ to _____

Ext: _____
_____
Instructor: please print name and extension

Date _____
_____
Instructor: please sign and date – signature is mandatory

Return completed form to any Enrollment Services office or scan and email to
registrar@fvtc.edu.

OFFICE USE ONLY

Received by: _____ Date: _____ Completed by: _____ Date: _____

10/31/2016