Registration Restriction Override Request  
School of Psychological Science Only

Name_____________________________________  OSU ID# __________________

Last        First         Middle

Please indicate the function/purpose of this override by checking one of the boxes below.

**Guaranteed Seat**

____ Capacity Override

____ PSY 401 – PSY 410 Approval (Credits___)

____ 2nd Week Add

____ All: Override every restriction

**Restriction Waived – Seat Not Guaranteed**

____ Class Restriction (Fr-Sr)

____ Prerequisites

____ Major

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Instructor Approval________________________________      Date_________

**IMPORTANT:** Student must register online for the class shown above by midnight Sunday the end of the first week and by 5:00 pm Friday at the end of the second week of class for 2nd week adds.