

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

| | | | | |
|-----|---------|---------------|------|------|
| | PSY | | | |
| CRN | Subject | Course Number | Term | Year |

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.