Restriction Override Request	□ FF	R □ SO □ JR □ SR	
Registration Date	☐ Seeking Ad	☐ Seeking Admission ☐ Admitted	
	@Topper.wku.edu /		
Student Name & Topper Email Address WKU ID#			
Year Spring Summer Fall Win	ter otal SJ&B Hours Earned	Mark all that apply ☐ Capacity ☐ Classification	
Student Telephone No.		□ Co-Requisite* □ College Restriction □ Internship ** □ Major Restriction □ Non-Major □ Pre-Requisite Not Taken*** (includes permission-by- instructor classes) □ Restricted Course*** □ SJ&B Minor	
CRN# Course Name & Number Currently enrolled in pre-requisite Other			
	SJ&B USE ONLY	Signature requirements listed below. Other categories require	
Advisor/Coordinator signature All information on this form must be completed before the	Date Entered: By: e override can be processed.	* Sequence Coordinator signature * Internship Coordinator signature ** Faculty of restricted class & Coordinator signatures	
Overrides will be processed each day. If you still get an error message on TopNet <i>two</i> days after you submitted your request, please email carol.alicie@wku.edu .			

Revised 04/07/2014 V.Bagwell