

Department of Social Sciences [date: \_\_\_\_\_]  
**Petition for Closed Section Override**

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**All students: You must have completed the course prerequisites in order to register for the course for which you are seeking a Closed Section Override. Please check the catalog for prerequisites, and document on paper for us that you have taken all courses necessary. \_\_\_\_\_ attached**

**Graduating Seniors: This form should be accompanied by a copy of your completed Application for Graduation in order to receive consideration. \_\_\_\_\_ attached**

**Post-Baccalaureate Students: This form should be accompanied by your educational deficiency plan or graduate school program description to document your need to register in this course. \_\_\_\_\_ attached**

**Decisions may not be made until after the payment deadline for early registration. Since this could be as long as several weeks from the time of your petition, you should make every effort to find an alternative course that will fill your needs and which is not closed. If your petition is approved, you will be notified by telephone or email that a space in the course has been provided and that you should register for the course. If your petition is not approved, you will be notified as well.**

Course Number	Course Name
CRN	Semester/Year
When will you graduate?	What is your GPA?
If you have graduated, when will you enter graduate or professional school?	What is your major?
List prerequisites:	Have you satisfied all of the prerequisites?

**Please explain in detail why you wish to take this course instead of another course that is not closed. Include all information that you wish to be considered. You may write on the back if you wish.**

Name:	Student ID #:
Telephone: home #: _____	Email address ( <i>please print carefully</i> ):

work

#: \_\_\_\_\_

*For Office Use Only*

**Approved**

**Disapproved** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

**Date**

**Reason:** \_\_\_\_\_

\_\_\_\_\_

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