



Office of the Registrar

Priority Override Form

STUDENT INFORMATION

First name _____ Last name _____

Student ID _____ NU School _____

Academic Level _____ Year of study (1-5) _____

Major _____

Track (if any) _____ Minor (if any) _____

COURSE INFORMATION

Semester: Fall 20__ Spring 20__ Summer 20__
Other _____

Course Abbr _____ Title _____

Evidence (filled in by Course Instructor) _____

Student _____ signature _____ date _____

Adviser _____ full name and signature _____ date _____

Instructor _____ full name and signature _____ date _____

Dep. Chair of the course/Vice Dean for Academic Affairs _____ full name and signature _____ date _____

*Please make sure to fill in the form properly, or it will not be processed.
*This form must be submitted to the School Office of the course.

School administrator use only
Processed by: _____ Date: _____