



ARIZONA STATE UNIVERSITY

School of Justice & Social Inquiry
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OVERRIDE AUTHORIZATION SCHOOL OF JUSTICE STUDIES

____ Fall ____ Spring ____ Summer I ____ Summer II
Year _____

This is to verify that _____,
ID # _____ has my permission to receive a capacity (section
full) override into my class JUS _____ Line # _____. If s/he is ineligible
and/or if the classroom capacity is at maximum, the override is void. The student
is responsible to register/add the course, if the override is approved

Instructor Signature

Date

STUDENT: Submit the signed form to the justice studies advisement staff in
Wilson Hall, 2nd Floor.