



Northampton Community College
 3835 Green Pond Road, Bethlehem, PA 18020-7599 ♦ Fax: 610-861-5551

Override/Exemption Request

Student Name: _____ Social Security # ♦ ♦

Student ID# _____ Semester: _____ Year: _____

Course Number: _____ Section Number: _____ Major: _____

<input type="checkbox"/> Program Major Override	_____			
	Dean responsible for Course			
<input type="checkbox"/> Permission to Repeat Course	_____			
<i>Permission required for third (or more) times repeated</i>	Director of Advising			
<input type="checkbox"/> Capacity Override <i>(can not be processed for Online Learning, science lab classes and classes that meet in computer labs)</i>	_____			
	Faculty Member	OR	Dean responsible for Section	
<input type="checkbox"/> Maximum Credit Override	_____			
	Advisor	OR	Dean	OR Registrar
<input type="checkbox"/> Prerequisite not Satisfied	_____			
	Faculty Member	OR	Dean responsible for Section	
<input type="checkbox"/> Add Class After Published "Add" Date	_____			
<i>(Confirm attendance for Reinstatement)</i>	Faculty Member			Date
<input type="checkbox"/> Switch Sections (of same course) After Published "Add" date	_____			
	Faculty Member	AND	Dean Responsible for Course	Date

Required signatures must be obtained and signed form must be submitted to the Records Office with a completed *Credit Registration* or *Add/Drop* form.

Records Office Use _____ Date _____ Initials _____