

ROWAN UNIVERSITY

OFFICE OF THE REGISTRAR

**Professor's Request to Override Course Capacity**  
***THIS FORM IS ONLY VALID DURING A REGISTRATION PERIOD.***

*Last Name*

*First Name*

*Rowan ID Number*

*CRN #*

*Course Number*

*Course Title*

Term: Fall Spring Summer Academic Year: 20\_\_\_\_ \_\_\_\_\_  
*Professor's Signature*

**THIS FORM WILL NOT BE ACCEPTED IF IT HAS BEEN ALTERED. NO EXCEPTIONS.**