

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.