

Field of Study Override Form

Student Name	Student ID#
Program of Study	Term/Year
Requested Courses	
Course Name	Credit Hours
For Office Use Only:	
I. Is student taking course for a future	□ Yes
program of study at a future institution?	□ No (Skip to #3)
2. Documentation:	Degreeworks note from advisorProgram Plan for future program
3. Override Entered in Banner:	□ Field of Study Restriction□ Course Approved for Future Program
Enter override in SFASRPOUpdate comments on SPACMNT	□ Form to Financial Aid director
C. Signature	
<u> </u>	v students to receive aid only for classes required in their
official program of study.	
	ed for a future program of study is a self-pay course.
 I understand that appropriate docum financial aid. 	nentation must be attached for course to be approved for
	not necessarily apply to Veteran benefits.
Student Signature	Date
Counselor Signature	