



CENTRAL CAROLINA
TECHNICAL COLLEGE

Course Restriction Override Form

Academic Year _____

Term: Fall___ Spring___ Summer___

Name _____
Last First MI

Address _____
Street City State Zip

Student ID # C _____ Telephone # _____

Federal Student Aid regulations allow students to receive aid only for classes required in their official program of study.

Official Program of Study _____

Self-pay Courses (Not in official program of study)	
Subject	Credit Hours

- **I understand that I am responsible for providing payment for the above classes by the payment deadline, and that my student account may not reflect all changes, charges and financial aid until the next business day after I register.**
- **I will provide payment or make payment arrangements no later than the deadlines published by the CCTC Business Office.**

Student Signature Date

Admissions Counselor Signature Date