



Registration Override Form

Valdosta State University

Department of Art

www.valdosta.edu/art

Today's Date: _____

> Student Information: (to be completed by Student)

Revised 8/24/11

Student Name:		Student ID#:	
Advisor:		Major:	
Semester:	Fall Spring Summer	Year:	

Email (VSU):		Email (other):	
Local Address:			
City, State and Zip Code:		Cell Phone:	

> Course Override Request(s): (requires faculty signature)

CRN (call #)	Course Abbreviation & Name	Section	Faculty Signature

****Please make sure that you do not have a scheduling conflict with the course you are requesting to be overridden into****

> Type of Override: (select one)

Capacity	Major Restriction	Time Conflict	Prerequisite	Other: _____
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> Department Head Comments:
