



Valdosta State University Department of Art Registration Override Form

Date: _____ *Spring Summer Fall* Year: _____

> Student Contact Information:

Name: _____ Student ID#: _____

Local Phone: _____ Cell Phone: _____

Email Address: (1) _____ (2) _____

(Circle one) *BFA BA BFA ID BFA Art Ed Art Minor Non-Art Major*

*** Please Make the Following Registration Overrides in the Courses Listed***

<i>CRN (Call Number)</i>	<i>Course</i>	<i>Section</i>	<i>Faculty Signature</i>

> Type of Override: *(circle one)*

Capacity Major Restriction Time Conflict Prerequisite Other _____

> Department Chair Comments:
