



VALDOSTA
STATE
UNIVERSITY

Today's Date: _____

www.valdosta.edu/music

➤ **Student Information:** *(to be completed by Student)*

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 for which you are requesting an override.

**Conflicts for Lab Ensemble do not require a faculty signature.

➤ **Type of Override:** *(select one)*

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