

Valdosta State University Department of Music
Course Override Form

Student Name: _____

VSU ID **8** **7** **0** ___ ___ ___ ___ ___

CRN Number (This is not the Course #) ___ ___ ___ ___ ___

Course (circle one) **MUE MUSC PERS** ___ ___ ___ ___

Instructor Signature: _____

Notes:

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