



Registration Override Form

Valdosta State University

Department of Art

www.valdosta.edu/art

Today's Date: _____

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

Revised 8/1/13

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

Email (VSU):		Email (other):	
Cell Phone:		Phone (other):	
Student Signature - Authorizing BANNER Access / Schedule Change:			

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

> **Course Override Request(s):**

(All Overrides Require Faculty Signature)

CRN (call #) <i>(Example – 82327)</i>	Course Abbreviation & Name <i>(Example - ART 1010 Drawing I)</i>	Section <i>A,B, etc</i>	Faculty Signature

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

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

Dept. Head or Senior Secretary Signature		Date:	