

Teacher Education Departmental Override Form

Please print clearly

Student 870 _____

Student Name _____ Major _____

Email _____ Phone _____

Course # _____ Section _____ CRN _____

Instructor Signature _____

Instructions: You may email or contact the instructor of the class to ask for an override. It is solely the discretion of the instructor as to the permission to enter the class.

Please note: When your override is approved, it will appear on your schedule as soon as it is entered. If you have ANY **HOLDS**, the override will not be completed until the holds are cleared. It is up to you to clear the holds and notify the office.

Please call our office if you have any questions. 229 333 5611 or email lrnclaren@valdosta.edu

DEPARTMENT *of* KINESIOLOGY & PHYSICAL EDUCATION

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LOCATION College of Education & Human Services

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