

## Registration Override Form

Valdosta State University

## Department of Art & Design

www.valdosta.edu/art

Todav's Date:		

> Student Inform	nation: (t	o be completed	by Student)					Revised 03,	27/2018
Student Name:				Student	ID#:				
Advisor:				М	ajor:				
Semester:	Fall	Spring	Summer	. \	ear:				
Email (VSU):				Email (ot	her):				
Cell Phone:				Phone (ot	her):				
Student Sigr	nature - Au	thorizing BAI	NNER Acce	ss / Schedule Cha	nge:				
**	Please	<mark>make su</mark>	re that	you do not l	have a	sche	duling	<u>conflict</u>	
				e requesting			_		
> Course Overri	ide Reque	est(s):			(All C	verride	s Reguire	e Faculty Signatui	e)
CRN (call #)	Course Abbreviation & Name			Section		Faculty Signature			
(Example – 82327)		(Example - ART 1010 Drawing I)		wing I)	A,B, etc				
Type of Overr	ide: (sele	ct one)							
Capacity		Major Restric	ction	Time Conflict	Prerequisite			Other:	
> Department H	ead Com	ments:							
Dept. Head or									
Senior Secretary Signature					Da	ite:			