

COLLEGE OF  
MOUNT SAINT VINCENT

**OVERRIDE FORM**

- CLOSED SECTION
- PRE-REQUISITE
- CLASS LEVEL
- MAJOR OR FIELD OF STUDY

DATE: \_\_\_\_\_

ID: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

CLASS: \_\_\_\_\_

TERM:  FALL \_\_\_\_\_  WINTER \_\_\_\_\_  SPRING \_\_\_\_\_  SUMMER \_\_\_\_\_

ADD

DEPARTMENT	COURSE #	SECTION	TITLE	CREDITS	CRN #

\_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
CHAIRPERSON'S SIGNATURE

\*COMPLETE THIS FORM AND SUBMIT TO THE REGISTRAR'S OFFICE FOUNDERS HALL, ROOM 233