

Dana School of Music Course Override Form

***** Complete this form in its entirety and return electronically to
Shannon Holdridge (smholdridge@ysu.edu) *****

Date: _____ **Term:** Fall _____ Spring _____ Summer _____

Student Name: _____ **Student Y Number:** _____

Course Title: _____ **CRN:** _____ **Error:** _____

Course Title: _____ **CRN:** _____ **Error:** _____

Course Title: _____ **CRN:** _____ **Error:** _____

Error Message(s):

- Student Attribute
- Time Conflict Override
- Special Approval Override
- Prerequisite Override
- Class Override
- Program Override
- College Override
- Capacity Override
- Corequisite Override

Faculty Name: _____
(Required for Time Conflict and Capacity Overrides)

Faculty Signature: _____