



**CLAYTON UNIVERSITY
OFFICE OF RECORDS AND REGISTRATION**

COURSE OVERRIDE

Semester/Term: Fall _____ Spring _____ Summer _____ Year _____

STUDENT (PRINT): _____
Last Name First Name Middle Initial

STUDENT ID: _____

COURSE PREFIX: _____ **NUMBER:** _____ **SECTION:** _____ **DAYS:** _____ **TIME:** _____

APPROVALS:

Instructor Date

Department Chair Date

TO BE COMPLETED BY THE APPROPRIATE DEAN: The requested course override is approved to accommodate the student listed above. The current class limit may be adjusted to _____ seats.

Dean Date

Please submit this form to the Office of Records and Registration.