



# CLAFLIN UNIVERSITY

## OFFICE OF ENROLLMENT MANAGEMENT

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Year 200 \_\_\_\_\_

### COURSE OVERRIDE

YES, I APPROVE COURSE OVERRIDE FOR:

CAMPUS ID \_\_\_\_\_

NAME (PRINT) \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

COURSE PREFIX: \_\_\_\_\_ NUMBER: \_\_\_\_\_ SECTION: \_\_\_\_\_ TIME: \_\_\_\_\_

### SCHOOL DEAN

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

NOTE: IF CLASS IS FULL, OVERRIDES WILL BE GIVEN ONLY WITH PROPER APPROVAL FROM THE DEAN OF THE SCHOOL THE COURSE IS OFFERED IN.