

OFFICE OF THE REGISTRAR

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Class Override Form

This form is for those who wish to add a course that is not at maximum enrollment during the prescribed period during the first ten weeks of each semester, but before the tenth week. Please make sure you've received all required signatures before returning.

FIRST NAME		MIDDLE NAME	LAST NAME	
MAJOR	MINOR (IF APPLICABLE)		CATALOGUE YEAR	
SEMESTER:	☐ Fall ☐ Spring	Summer YEAR:	<u> </u>	
		ADD/DROP/WI	THDRAWAL	
Course No.	Section	Course Title	Professor Signature	ADD/DROP/V
☐ THE COU ☐ DOES NO ☐ LATE CO	IRSE IS FULL OT HAVE THE RECURSE WITHDRAN d: Adding this co	ECK ALL THAT APPLY): QUIRED PRE-REQUISITE VAL urse will result in over 16 credits in semester Grade earr	· · · ·	/ADD)
Student Sign	iature		Date:	
PROCESS			SIGNATURE/DATE	
FACULTY ADVISO	OR: APPROVAL			
DIVISIONAL CHA	IR: APPROVAL			
REGISTRAR: REC	EIPT OF FORM			
REGISTRAR: STU UPDATED	DENT INFORMATION			