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

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<th>COURSE #</th>
<th>SECTION</th>
<th>TITLE</th>
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STUDENT’S SIGNATURE

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CHAIRPERSON’S SIGNATURE

*COMPLETE THIS FORM AND SUBMIT TO THE REGISTRAR’S OFFICE FOUNDER’S HALL, ROOM 233