

Virginia Military Institute

SUMMER SESSION - REGISTRATION OVERRIDE FORM

Cadet / Student Name: _____

INSTRUCTIONS TO CADET / STUDENT:

Please check the appropriate block for the override requested, complete all information within that block.

Take the form to the instructor of the course and the Summer Session Director for approval.

Submit completed form to the Summer Session Office – 303 Shell Hall for processing.

CLOSED COURSE OVERRIDE

Term: _____ Course # _____ Section: _____ Title: _____

Instructor Signature: _____ Date: _____

Summer Session Director Signature: _____ Date: _____

PRE-REQUISITE / CO-REQUISITE OVERRIDE

Term: _____ Course # _____ Section: _____ Title: _____

Instructor Signature: _____ Date: _____

Summer Session Director Signature: _____ Date: _____

OTHER OVERRIDE

Type: Major / Minor Restriction Override

Class Year Override

Other: Please Specify: _____

Term: _____ Course # _____ Section: _____ Title: _____

Instructor Signature: _____ Date: _____

Summer Session Director Signature: _____ Date: _____

FOR ADMINISTRATIVE USE ONLY:

Date Submitted: _____ Date Processed: _____ Processed by: _____