



Claflin University

Office of Records and Registration

Course Override Form

Student ID Number: _____

Student Name (Print): _____
Last Name First Name Middle

Semester/Term Fall _____ Spring _____ Summer _____ Year _____

Course Prefix: _____ Number: _____ Section: _____ Days: _____ Time: _____

Approvals:

Instructor: _____ Date: _____

Department Chair: _____ Date: _____

To be completed by the DSSURSULTW Requested override 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.