

Mississippi Valley State University  
Office of Student Records

CLASS SCHEDULE ADJUSTMENT FORM

Semester/Year \_\_\_\_\_

Student's Name \_\_\_\_\_  
*Last Name*
*First Name*
*M.I.*
*Student I.D.#*

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

COURSE (S) TO BE ADDED

CRN	Course No.	Section	Course Descriptive Title	Sem. Hours	Days/Time	Instructor signature* <small>(required for closed class)</small>

This student is authorized fro an override (s) based on:

- Closed Class\*                       Class Restriction  
 Course Prerequisites             Time Conflict  
 Course Restriction                 Other: List \_\_\_\_\_

( ) COURSE (S) TO BE DROPPED

( ) COURSE(S) WITHDRAWAL

CRN	Course No.	Section	Course Descriptive Title	Sem. Hours	Days/Time	Instructor signature* <small>(required for closed class)</small>

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Chair's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Records' Official Signature \_\_\_\_\_ Date \_\_\_\_\_

VP/ACADEMIC AFFAIRS MUST SIGN AFTER REGISTRATION IS OFFICIALLY CLOSED.

VP/Academic Affairs Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature (Required for all Athletes): \_\_\_\_\_