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

<table>
<thead>
<tr>
<th>CRN</th>
<th>Course No.</th>
<th>Section</th>
<th>Course Descriptive Title</th>
<th>Sem. Hours</th>
<th>Days/Time</th>
<th>Instructor signature* (required for closed class)</th>
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This student is authorized for 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

<table>
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Advisor’s Signature ____________________________  Date ____________________________

Department Chair’s Signature ____________________________  Date ____________________________

Student Records’ Official Signature ____________________________  Date ____________________________

VP/Academic Affairs Signature ____________________________  Date ____________________________

Signature (Required for all Athletes): ____________________________