

Teacher Education Departmental Override Form

Please print clearly

Student 870 _____

Student Name _____ Major _____

Email _____ Phone _____

Course # _____ Section _____ CRN _____

Instructor Signature _____

Instructions: You may email or contact the instructor of the class to ask for an override. It is solely the discretion of the instructor as to the permission to enter the class.

Please note: When 073 W (D W n 8.831 6829.83 3.59 W (E W D W t 174 (0.00w.3. 6629.83 3.59 2 h W (D W p . t) .88 (

DEPARTMENT *of* KINESIOLOGY & PHYSICAL EDUCATION

PHONE 229.333.7161 • **FAX** 229.245.3863 • **WEB** www.valdosta.edu/coe • **ADDRESS** 1500 N Patterson St. • Valdosta GA 31698-0000
LOCATION College of Education & Human Services

A Comprehensive University of the University System of Georgia and an Equal Opportunity Institution