Eastern Michigan University
Department of Music/Dance

Override Form

Student must register for the class after permission is entered.

Please complete information and return to: Dept. of Music/Dance, N-101 Alexander Music Bldg.

Today's Date: _____

CRN# _____ Semester or Term: FALL WINTER
(circle one) SPRING SUMMER

DANC
MUSC _____ Section: _____ Title: _____
(circle) (course Number)

Student Name: _____

Student EID Number: **E** ___ ___ ___ ___ ___ ___ ___ ___

Student's Signature: _____

Instructor's Signature: _____

Department Head's Signature: _____

Date Permission Entered (Banner): _____ By: _____