Eastern Michigan University

School of Music & Dance Override Form

Student must register for the class after permission is entered.

Today's Date: ______

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

DANC

Please complete information and return to: School of Music & Dance Office, N-101 Alexander Bldg.

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

Student Name:

Student EID Number: **E**

Student's Signature:

Instructor's Signature:

School Director's Signature:

Date Permission Entered (Banner): _______ By: _____