



VCU

SOM GRADUATE EDUCATION PROGRAMS Registration Restriction Override Form

Year _____ Semester: ___ Spring ___ Summer ___ Fall

All Sections must be completed in order for this card to be accepted by SOM Graduate Education Office.

Student Name: _____
Last First MI

Student Vid#

Course Reference No. Subject Course Section Credits

Type of override approved (Check all that apply):

- School/Major/Level Size Time Conflict
- Duplicate Section Prerequisite

Instructor Approval: _____
Signature Printed Name Phone # Date

Dean/Designee: _____
Signature Printed Name Date