



UNIVERSITY OF THE SOUTHERN CARIBBEAN
STUDENT ADVISEMENT CENTRE
FULL CLASS OVERRIDE FORM

RECEIPT# _____

MAIN CAMPUS

SOUTH CAMPUS

TOBAGO EXTENSION CAMPUS

STUDENT'S NAME (last, first, other): _____

CONTACT No: _____ EMAIL ADDRESS: _____

USC I.D.No: _____ ACADEMIC YEAR: _____ SEMESTER: _____

MAJOR: _____ MINOR: _____ No. OF CREDITS COMPLETED: _____ CUMULATIVE GPA _____

SCHOOL: _____ FULL- TIME PART - TIME

COURSE ACRONYM	<input type="checkbox"/> ADD <input type="checkbox"/> DROP	SECTION	TIME	DAY	
COURSE ACRONYM	<input type="checkbox"/> ADD <input type="checkbox"/> DROP	SECTION	TIME	DAY	
COURSE ACRONYM	<input type="checkbox"/> ADD <input type="checkbox"/> DROP	SECTION	TIME	DAY	
COURSE ACRONYM	<input type="checkbox"/> ADD <input type="checkbox"/> DROP	SECTION	TIME	DAY	

STUDENT: NAME _____

SIGNATURE _____

DATE _____

OFFICAL USE ONLY

DEAN / CHAIR COMMENTS: I _____ am granting permission for _____
to add the following full class/classes.

DEAN / CHAIR: NAME _____

SIGNATURE _____

DATE _____

APPROVAL GRANTED

APPROVAL DENIED

ACADEMIC ADMINISTRATION/ DESIGNATE: NAME _____

SIGNATURE _____

DATE _____

ACADEMIC ADVISOR'S NAME _____

SIGNATURE _____

DATE _____