Course/Override Form	Fall Term 20	Spring Term 20	Summer Term 20
STUDENT NAME	CLASS YEAR	MAJOR(S)	
LOCAL PHONE #	EMAIL		

**IMPORTANT:** Independent studies and Internships require special forms.

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CALL # (ex. 20121)	UNIT CODE (COURSE #) (ex: PS-101)	UNIT (SECTION) (ex: 001)	TITLE	CREDIT POINTS (CREDITS)	GRADING SCHEMA (S/U) one S/U per term	ACTION APPROVED (indicate all that apply) Add Add a Closed Course Waive Pre/Co Requisite Special Permission Audit a Course Use Reserved Seat	SIGNATURE OF INSTRUCTOR FOR SPECIAL APPROVAL

## TOTAL CREDIT POINTS (CREDIT HRS)

STUDENT SIGNATURE (REQUIRED)

DATE