



# COLLEGE *of* CHARLESTON

DEPARTMENT OF  
PHILOSOPHY

## Philosophy Override Form

Student Name \_\_\_\_\_

Student ID# \_\_\_\_\_

CRN \_\_\_\_\_

Subject \_\_\_\_\_

Course Number \_\_\_\_\_

Override capacity Yes

Override pre-req Yes

Override class level Yes

Override field of study Yes

Permission of Instructor Yes

Instructor authorization:

Department Chair Authorization:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Larry Krasnoff  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date