

**University of Michigan
School of Music, Theatre & Dance
NON-MAJOR OVERRIDE FORM**

Instructor (print): _____

Instructor (signature)/DATE: _____ / _____

Term/Year: _____

Day(s) Meet: _____

Catalog # (3-digits)	UG-level _____	Grad-level (if applicable) _____
Section #	UG _____	Grad _____

Please print clearly

DO NOT SIGN THIS FORM IF YOU ARE ALREADY ENROLLED IN THE CLASS!!

	NAME	UM ID Number	Class Level F/So/J/Se/Grad
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