



LYNN
UNIVERSITY

OFFICE OF
THE REGISTRAR

3601 N. Military Trail
Boca Raton, FL 33431-5598
Phone: 561-237-7303 Fax: 561-237-7171
Email: registrar@lynn.edu

CLOSED CLASS OVERRIDE

Student Name: _____ Student ID#: _____
Phone number: _____ Term/semester _____

The above named student may be admitted to the class/classes specified below.

CLOSED CLASS OVERRIDE

Course # and Section (e.g. BUS 171 A) _____
Course Title _____
Credits _____
Instructor's Signature

Course # and Section (e.g. BUS 171 A) _____
Course Title _____
Credits _____
Instructor's Signature

For a closed class override, even with the proper approvals, you cannot be added to a course if it is at its physical capacity.

Advisor Signature: _____ Date: _____

Student Signature: _____ Date: _____

College Dean: _____ Date: _____