

## BLUEGRASS COMMUNITY AND TECHNICAL COLLEGE COURSE OVERRIDE FORM

SS# / ID \_\_\_\_\_ Name \_\_\_\_\_  
Last First MI

Current Address: \_\_\_\_\_  
Street City State Zip

Override Form	
Faculty Signature: _____	Date _____
Course Number _____ Class Number _____	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">                     Office Use Only                      PS ID _____                      Entered _____                      Initial _____                 </div>
Course Title _____	

Override Form	
Faculty Signature: _____	Date _____
Course Number _____ Class Number _____	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">                     Office Use Only                      PS ID _____                      Entered _____                      Initial _____                 </div>
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Course Title _____	

\_\_\_\_\_ \_\_\_\_\_  
Student's Signature Date