



Soka University of America
Office of the Registrar

REGISTRATION FORM

Name _____

ID# _____

Session:

Fall 20_____

Spring 20_____

SAMPLE

Class #				Subject	Cat#	Sect	Advisor Signature*	Instructor Signature*
1	0	1	4	MUSIC	100	01		

OVERRIDES: Closed Class Pre-requisite Time Conflict Consent Unit Overload

Course 1

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Alternative

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OVERRIDES: Closed Class Pre-requisite Time Conflict Consent Unit Overload

Course 2

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Alternative

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OVERRIDES: Closed Class Pre-requisite Time Conflict Consent Unit Overload

Course 3

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Alternative

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OVERRIDES: Closed Class Pre-requisite Time Conflict Consent Unit Overload

Course 4

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Alternative

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OVERRIDES: Closed Class Pre-requisite Time Conflict Consent Unit Overload

Course 5

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Alternative

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OVERRIDES: Closed Class Pre-requisite Time Conflict Consent Unit Overload

Course 6

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Alternative

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OVERRIDES: Closed Class Pre-requisite Time Conflict Consent Unit Overload

*Signatures required:

1. **Instructor:** Closed Class, Requisite, Time Conflict, and Consent.
2. **Advisor:** Advisor signature is required for each and every class.

Student Signature: _____

Date: _____