Department of Physics Request for Override
(Short Form)

First Name _________________   Last Name: _____________________ Student ID: _____________

Contact phone # _____________________     E-mail (MSU): ______________________@morgan.edu

Major: ______________________________            Semester requested ________________

1st Choice:  Course Name: __________________  CRN  _______________     Section No: _____________

2nd Choice:  Course Name: __________________ CRN ________________    Section No:______________
(A 2nd Choice is NOT required but if your 1st choice is unavailable, the Chair will have no choice but to DENY your request if 2nd is not chosen.)
Have you met the prerequisite for your request? __________

Reason for the request? __________________________________________________
Briefly Explain:

Who is your advisor? ________________________   Was this course recommended by him/her? ________

Student Signature: ______________________ Date __________________

By you completing this form, I understand that:
Capacity Override requests will only be extended under urgent current semester graduation circumstances ONLY. ________
This Override request is being evaluated by the Physics Chair and is not guaranteed. ________
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TO BE COMPLETED BY THE PHYSICS CHAIRPERSON/DESIGNEE

Date ___________        (  ) Approved    (  )  Denied    _______________________________
Chair/Designee Signature

Reason for Denial:________________________________________________________________________

Chair’s Additional Comments (optional):