



Department of Physics Request for Override  
(Short Form)

First Name \_\_\_\_\_ Last Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Contact phone # \_\_\_\_\_ E-mail (MSU): \_\_\_\_\_@morgan.edu

Major: \_\_\_\_\_ Semester requested \_\_\_\_\_

1<sup>st</sup> Choice: Course Name: \_\_\_\_\_ CRN \_\_\_\_\_ Section No: \_\_\_\_\_

2<sup>nd</sup> 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 2<sup>nd</sup> 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):**