



Department of Physics Request for Override

This form must be signed by the student's Chairperson/Advisor for the requested course to be approved.

You must attach your signed advisement form with the requested Physics course on the form.

Name _____ Student ID _____ Major _____

Cell # _____ Home # _____ E-mail (MSU) _____

Semester requested _____

1st Choice: Course Name: _____ CRN _____ Section No: _____

2nd Choice: Course Name: _____ CRN _____ Section No: _____

REASON FOR REQUEST:

Graduating Senior _____ (Attach Audit)	Job Conflict _____ (Attach Letter from Employer)	Academic Recovery _____ (Attach Letter from Continuing Studies)
Schedule Dropped _____	Wrong Course _____	Other _____ (Explain Below)

Briefly Explain Reason for Request:

Student Signature _____

Date _____

TO BE COMPLETED BY THE STUDENT'S MAJOR CHAIRPERSON/ADVISOR

I confirm that, via webSiS, the student has successfully completed the prerequisites for this course and been academically advised to take the requested course work. I recommend he/she/they be considered for this override.

Date _____ () Approved () Denied _____

Advisor's Signature

TO BE COMPLETED BY THE PHYSICS CHAIRPERSON/DESIGNEE

Date _____ () Approved () Denied _____

Chair/Designee Signature

Reason for Denial:

Other Sections are Available () Prerequisite(s) Required () Course(s) Not Offered ()