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 _____ | Job Conflict _____ | Academic Recovery _____ |
| (Attach Audit) | (Attach Letter from Employer) | (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 ( )