



SCHOOL OF COMMUNICATION

Illinois State University

Override Request Form

Name: _____

UID number: _____	ISU Email/ULID: _____
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Work Phone: _____	Home Phone: _____
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Local Address: _____

Are you planning to complete a _____ thesis or the _____ 39 hour option (check one)?

How many *credit hours* have you taken already (include hours in progress)? _____

How many *courses* do you plan to take next semester? _____

For which semester are you requesting overrides? _____

Course Override Requests. Rank up to 9 course preferences from high to low. Priority in registration is given to students based on credit hours completed. Use the back of this form to record courses already completed and explain any special concerns regarding your schedule. COM 400 and COM 498 overrides will be issued once all applicable forms have been submitted.

<i>Course number:</i>	<i>Section number:</i>	<i>Rank (1 = high, 9 = low):</i>

Advisor Signature:

Date _____

Graduate Coordinator Signature:

Date _____

Return to: Dr. Kevin Meyer, Campus Box 4480, Fell Hall 408

