



SCHOOL OF COMMUNICATION

Illinois State University

Override Request Form for Incoming Students

Name:

UID number:

Work Phone:	Home Phone:
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ISU Email/ULID:

Local/Current Address:

How many <u>courses</u> do you plan to take next semester? _____
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For which semester are you requesting overrides? _____
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Course Override Requests. Rank up to 10 course preferences from high to low. Priority in registration is given to students based on credit hours completed and the order in which forms are returned. Use the back of this form to explain any special concerns regarding your schedule.

<i>Course number:</i>	<i>Section number:</i>	<i>Rank (1 = high to 10 = low):</i>
COM 422		1

Graduate Coordinator Signature:

_____ Date _____

Return to: Dr. Kevin Meyer, kmeyer@ilstu.edu