



SCHOOL OF COMMUNICATION

Illinois State University

Override Request Form

Name: _____

UID number: _____

Work Phone: _____ Home Phone: _____

ISU Email/ULID: _____

What is your Graduate Program/Major?

How many SoC graduate courses do you wish to enroll in?

For which semester are you requesting overrides? _____

Course Override Requests. Rank up to 7 course preferences from high to low. Priority in registration is given to SoC graduate students, with graduate students outside the SoC then being enrolled in remaining seats pending permission from the course instructor(s) and SoC Graduate Coordinator. 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, 7 = low):</i>

Instructor(s) Signature (required if roster size exceeds 12 students):

_____ Date _____

SoC Graduate Coordinator Signature:

_____ Date _____

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