

**Graduate Courses Override Request Form**

**Current COM graduate students**

|  |  |
| --- | --- |
| Your Name:  | UID number: |
| How many **credits hours of courses** have you completed in the program? \_\_\_\_\_\_\_\_\_ How many thesis credits have you completed? \_\_\_\_\_\_\_\_\_ | ISU Email/ULID:  |
| I am planning to complete \_\_\_\_\_\_ Thesis \_\_\_\_\_\_\_ 39-Hour | Best contact phone number for you:  |

For which semester are you requesting an override? Fall \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_ Year: \_\_\_\_\_\_\_\_

**THESIS CREDITS**

Do you also need to register for thesis credits for this upcoming semester? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list how many thesis credits you will be registering for (if you are unsure, ask the grad coordinator, your advisor, or Patty BEFORE submitting this form) \_\_\_\_\_\_\_\_

**REQUIRED COURSES**

Do you need to take any required courses in this upcoming semester? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

If yes, underline the one(s) you need to take: COM 402 COM 422 COM 473 COM 497

**ELECTIVE COURSES**

How many elective courses (not credit hours) do you need to take in this upcoming semester? Do not include required courses or thesis credits here. Write 0 if you only need thesis & no seminars \_\_\_\_\_\_\_

**Course Requests for Electives**

Read the Seminar Descriptions for the upcoming semester. Select up to 5 electives (do not include 402, 422, 473, 497, or thesis credits) and put them in order of your preference. Include COM 400/498s here too if you want to take an independent study (COM 400) or internship (COM 498).

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Course #** | **Section #** | **Day/time class meets** |
| **1st choice** |  |  |  |
| **2nd choice** |  |  |  |
| **3rd choice** |  |  |  |
| **4th choice** |  |  |  |
| **5th choice** |  |  |  |

**You’re not done yet!**

**Read each statement on the second page and determine if any apply to you. You need to follow the instructions under the statements that apply to you. You MUST fully complete the second page before submitting or the form will be returned.**

**(continue to next page)**

**I am requesting an override into a 300-level course.**

\_\_\_\_\_\_ Yes! Then you need to explain below why you want to take this particular course instead of a 400-level course (approval of this request is at the discretion of the graduate coordinator)

**Provide explanation here:**

\_\_\_\_\_\_ No, I’m not (then skip to the next one)

**I am requesting an override into thesis credits.**

\_\_\_\_\_\_ Yes! Then you need to include those thesis credits on the override request form.

\_\_\_\_\_\_ No, I’m not (then skip to the next one)

**I have some requested restrictions on when I can take class during the week.**

\_\_\_\_\_\_ Yes! In the space below, list your restrictions and provide a legitimate reason for not being available then (please know that we may have to put you in a less desirable class or day/time due to need and space)

**Provide explanation here:**

\_\_\_\_\_\_ No, I’m not (then skip to the next one)

**I am requesting an override into a COM 400 or COM 498.**

\_\_\_\_\_\_ Yes! Then you need to turn in the appropriate approval form along with this override form. For COM 400, you need to complete the COM 400 Independent Study Form. For COM 498, you need to complete the COM 498 Professional Practice Form and the Professional Practice Health Insurance Form. All forms are on our website & must be submitted with this override request form.

\_\_\_\_\_\_ No, I’m not (then skip to the next one)

**I am requesting to take a class outside of COM.**

\_\_\_\_\_\_ Yes! Then you need to email the grad coordinator to ask about what to do next BEFORE submitting this override request form.

\_\_\_\_\_\_ No, I’m not (then skip to the next one)

ADVISOR APPROVAL SECTION

As the advisor, I attest that:

* the student has spoken to me about their program of study;
* I have looked at their files to determine the best course of action for the upcoming semester;
* I checked this form and confirmed that the form is filled out completely and correctly;
* and I signed off on all additional paperwork for COM 400 or 498.

|  |  |
| --- | --- |
| Advisor Signature:  | Date:  |

*Return completed form & all other required forms to* the coordinator at aeott@ilstu.edu, Fell 408

|  |  |
| --- | --- |
| Coordinator Signature:  | Date:  |