

**Graduate Courses Override Request Form**

**Graduate Students Outside of COM**

|  |  |
| --- | --- |
| Your Name: | UID number: |
| Graduate Program/Major: | ISU Email/ULID: |
| For which semester are you requesting an override?  \_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer Year: \_\_\_\_\_\_\_\_\_ | Best contact phone number: |

How many COM courses do you wish to take? \_\_\_\_\_\_\_\_

**Course Requests**

List the graduate course(s) you wish to take in COM below. Put them in order of your preferences. 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.

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

Please have your advisor sign your form before submitting to the COM Graduate Coordinator.

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

Complete completed form to the Graduate Coordinator in Communication, Dr. Aimee Miller-Ott, [aeott@ilstu.edu](mailto:aeott@ilstu.edu); Campus Box 4480, Fell Hall 408

|  |  |
| --- | --- |
| Graduate Coordinator: | Date: |