

# Override Form #1

Use this form until Friday at 4:00 p.m. of the first week of classes  
Submit to Jan Davenport or Verna Lyon in Room #134 IM Sports Circle

Today's Date \_\_\_\_\_ Semester: FS SS US Year \_\_\_\_\_

Name \_\_\_\_\_ PID Number \_\_\_\_\_  
(first name, middle initial, last name)

Email \_\_\_\_\_@msu.edu Phone Number (\_\_\_\_\_) \_\_\_\_\_

Are you currently an MSU varsity athlete? [ ] yes [ ] no

The student named above has permission to enroll in KIN \_\_\_\_\_ Section Number \_\_\_\_\_

Instructor's Signature \_\_\_\_\_

Please check type of request and remind students they must also enroll after the override is entered.

- [ ] Student does not meet restrictions (i.e., corequisites, prerequisites) **(al)**
- [ ] Course is full **(el)**
- [ ] Graduate student enrolling in undergraduate course or vice versa **(lv)**