

**OVERRIDE REQUEST FORM**

(For LB Courses ONLY)

Date: \_\_\_\_\_

Name: \_\_\_\_\_ PID: A \_\_\_\_\_

Email: \_\_\_\_\_@msu.edu Local Phone: \_\_\_\_\_

**COURSE INFORMATION:**

Semester: Fall \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_

Subject & Course Number: LB \_\_\_\_\_ Section Number: \_\_\_\_\_

Faculty Name: \_\_\_\_\_

Reason for Override Request/Additional Information:

\_\_\_\_\_  
\_\_\_\_\_

Submit Override Request Form to faculty member for approval  
& return to 35 East Holmes Hall

**To Be Completed by Faculty:**

\_\_\_\_\_ EL: Enrollment Limit (Faculty Only)

\_\_\_\_\_ PR: Prerequisite (Prerequisites not in system)

\_\_\_\_\_ Late Add (Faculty Only) – \*Due by 4<sup>th</sup> week of classes

Signature or Email Confirmation of Faculty Authorizing Override:

\_\_\_\_\_

Signature or Email Confirmation of Director/Associate Dean Authorizing Override:

\_\_\_\_\_

**(Not Official until approved by Director/Associate Dean's Office)**

**OFFICE USE ONLY:**

\_\_\_ **APPROVED**

\_\_\_ **DENIED**

**Override Request Type:**

\_\_\_ EL: Enrollment Limit

\_\_\_ AL: Permission (Non-LBC Students)

\_\_\_ PR: Prerequisite (Prerequisites not in system)

\_\_\_ Late Add

Initials of Person Performing Override: \_\_\_\_\_

Date of Override: \_\_\_\_\_

Student Notification Date: \_\_\_\_\_

By: \_\_\_ VM/TC    \_\_\_ Email    \_\_\_ In Person

Initials of Person Providing Notification: \_\_\_\_\_