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 4th week of classes

Signature or Email Confirmation of Faculty Authorizing Override:
________________________________________________________________________

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: __________