



Department of Epidemiology and Biostatistics
Override Request

(Please fill in shaded areas and email form back to epi.grad@msu.edu)

| | |
|--|---|
| Your Name: | |
| Your email address: | |
| Your local phone number: | |
| Your P.I.D. number – Call 432.3921 | |
| Your Major: | |
| Year you plan to graduate: | |
| What is your current class level? | <input type="checkbox"/> Undergraduate <input type="checkbox"/> Certificate <input type="checkbox"/> Masters <input type="checkbox"/> Doctoral |
| Which semester is course needed? | <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall Year: |
| What section do you need? (list order of preference) | |
| What is your advisor’s name? | |
| What is your advisor’s phone number? (optional) | |

Explain why you need this course/section? NOTE: If your override request is approved, you must add the class yourself by either computer or telephone registration

Explanation of Request:

Instructor’s Signature:

INSTRUCTOR – Please check the appropriate box: Override Approved Override Denied

If denied, please provide reason. _____

Upon completion of this form, please return to The Department of Epidemiology and Biostatistics Graduate Secretary 909 Fee Road West Fee Hall | Room B603 Attention: Graduate Secretary Office.