



MICHIGAN STATE UNIVERSITY

Department of EPIDEMIOLOGY AND BIostatISTICS  
OVERRIDE REQUEST

Please fill in the shaded areas and email form back to [epi.grad@msu.edu](mailto:epi.grad@msu.edu)

Your Name:	
Email address:	
Phone number:	
PID number:	
Your Major:	
Year you plan to graduate:	
What is your current class level?	<input checked="" type="checkbox"/> Undergraduate <input type="checkbox"/> Certificate <input type="checkbox"/> Masters <input type="checkbox"/> Doctoral
Which semester is the course needed?	<input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall
Course # and Section# you need override for	
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 a reason

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