

Michigan State University
OVERRIDE PERMISSION SLIP

Please fill in ALL the requested information. **THANKS!**

Date: _____ E-mail: _____

Name: _____

PID# A _____ Phone: (____) _____

Major/College: _____

Please check one:

Freshman	Sophomore	Junior	Senior	Graduate Student
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Dept. _____ Course _____ Section _____ Credits _____
Example: AFR 151 003 04

Semester: check one

Fall	Spring	Summer
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 Year: _____

Override needed because (Please circle one)

1. Class is full.
2. Department approval required
3. Graduate student needs undergraduate course.
4. Undergraduate student needs graduate course.
5. Other: _____

Professor: _____
Signature

RETURN TO: B-331 Wells Hall, for the Departments of Global Studies in the Arts and Humanities; Linguistics and Germanic, Slavic, Asian and African Languages; Romance and Classical Studies; and Second Language Studies.