Date: ____________________________                  E-mail: ___________________________________

Name: ____________________________________________

PID#  A_________________________________________  Phone: (_____) __________________________

Major/College: ______________________________________

Please check one:                                         Freshman    Sophomore    Junior    Senior    Graduate Student

Dept. _______        Course _______        Section _______        Credits _______

Example:  AFR        151        003        04

Semester: check one                    Fall    Spring        Summer    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.