COMPUTATIONAL MATHEMATICS, SCIENCE & ENGINEERING
Request for Course Override

Student Name: _____ **PID:** _____

Email: _____

COURSE NUMBER: _____ **SECTION:** _____

Course Title: _____ **CREDITS:** _____

SEMESTER: Fall ☐ Spring ☐ Summer ☐ **Year:** _____

Step 1: Check Your Level/Class
- o Undergraduate
- o Graduate

Step 2: Override Request Reason
- o Enrollment Limit
- o Level Override
- o Prerequisites

Step 3: Justification for override request:

Step 3: Check for Corequisite or Prerequisite
- o The student has the corequisite or prerequisite
- o The student is missing a corequisite or prerequisite
- o No prerequisites required

Course Instructor's Signature: _____Date: _____

Instructor's Printed Name: _____

CMSE Undergraduate or Graduate Coordinator:

Signature: _____ Date: _____

Please submit this form to the CMSE Undergrad Secretary at
cmseug@msu.edu or deliver to room #1501 Engineering Building