

COMPUTATIONAL MATHEMATICS, SCIENCE & ENGINEERING

Request for Course Override

Student Name: _____ PID: _____

COURSE NUMBER: _____ SECTION: _____

Course Title: _____ CREDITS: _____

SEMESTER: Fall Spring Summer Year: _____

Step 1: Check Your Level/Class

- Undergraduate
- Graduate

Step 2: Override Request Reason

- Enrollment Limit
- Level Override
- Prerequisites

Step 3: Justification for override request:

Step 3: Check for Corequisite or Prerequisite

- The student has the corequisite or prerequisite
- The student is missing a corequisite or prerequisite
- No prerequisites required

Course Instructor's Signature: _____ Date: _____

Instructor's Printed Name: _____

CMSE Undergraduate or Graduate Coordinator:

Signature: _____ Date: _____

**Please submit this form to Heather Johnson, CMSE Graduate Secretary at
john1451@msu.edu or deliver to room #1501 Engineering Building**