

MICROBIOLOGY DEPARTMENT
Course Override Form

Semester: _____

Phone _____

Student ID _____
8 digits

Reason for Override:

Name _____

Check One: Undergraduate Non-credit
 Graduate Non-degree

Class Limit

Requisites

Time Conflict

Catalog #: _____ # Credits: _____
3 digits(+alpha)

Practicum:
requires Instructor #: _____
8 digits

Course #: _____
5 digits

Independent Study:
requires Instructor #: _____
8 digits

Related Course # (if any): _____
5 digits

Instructor's Signature Required

Office Use Only

Course Added _____ Date _____

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