

**Course Override Request**

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| Closed Class Override—all other sections of the desired course must be full  Prerequisite Override—for Georgia Certification  Prerequisite Override—explain below | | | | | |
| First Name: Last Name: | | | | | |
| KSU ID#: (9 digits) | | | Phone Number: | | |
| Email Address: @students.kennesaw.edu | | | | | |
| Class status: Freshman Sophomore Junior Senior Grad. Student Certification Only | | | | | |
| Major: | | | | | |
| Have you been Admitted to Teacher Education? Yes No | | | | | |
| Semester of Override: Spring Semester Summer Semester Fall Semester | | | | | |
|  | Course # (i.e. INED 3304) | | | Section (i.e. 01,02, W01) | CRN # |
| 1st Choice |  | | |  |  |
| 2nd Choice |  | | |  |  |
| Provide detailed explanation for override request: | | | | | |
| Date: | | Signature: | | | |

Deliver completed form to Room 419 of the Education Building, or fax to 470-578-9108

Approved Denied

Chair signature Date