Kennesaw State University
Bagwell College of Education
Inclusive Education

Course Override Request

☐ 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

<table>
<thead>
<tr>
<th>Course # (i.e. INED 3304)</th>
<th>Section (i.e. 01, 02, W01)</th>
<th>CRN #</th>
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</thead>
<tbody>
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<td>1st Choice</td>
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<td>2nd Choice</td>
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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 ____________________________