**Course Override Request**

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| Closed Class Override—all other sections of the desired course must be fullPrerequisite Override—for Georgia CertificationPrerequisite 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