

OVERRIDE/SPECIAL PERMISSION FORM
DEPARTMENT OF POLITICAL SCIENCE

Section I: To be completed by student.

Student's Name
Student Number

Email _____
Class _____
Major _____

Name & Catalog Number of Course

Student Wishes to Add _____

Course's Class Number (5 digit) _____

Current Course student will drop if
this add will take student over 18 credits _____

Student's signature _____

Section II: To be completed by faculty member

Date _____

The above named student has permission to add my course.

Faculty Signature