

MICROBIOLOGY COURSE OVERRIDE

Semester	
Student ID	
Name	
Undergraduate	Graduate      Non-Degree
Catalog # 3 (3 digits)	
Number of Credits	
Course # (5 digits)	
Course Instructor	
Instructor Signature	
Reason for Override	Class Limit/Closed Class Requisites Time Conflict Practicum: Instructor ID Independent Study: Instructor ID
<p><b>Please email the signed, completed form to Jennifer Blanchard: prescott@umass.edu. This course override form must be submitted prior to the end of the add/drop period.</b></p>	

