

KINESIOLOGY DEPARTMENT COURSE OVERRIDE FORM

Use this Form for: Courses Overrides, Discussion/Lab Changes

* Please complete **ENTIRE** form.

* This **form** is used for **Course Overrides and Discussion/Lab changes** for students who are not ELIGIBLE to enroll on SPIRE. **ELIGIBLE STUDENTS** should use the **SPIRE waitlists**.

* Instructors' signature will be **required** for processing.

Completed forms can be submitted to the KIN **Main Office (110 Totman)** for processing.

Date: _____ Semester & Year of Course: _____
(e.g. Spring 2019)

Name: _____ 8-Digit SPIRE ID: _____

Email: _____@umass.edu Primary Major: _____

Course Information

Please select one of the following:

Course Add Discussion/Lab Swap

Course Number: KIN _____ SPIRE No. _____ Credits: _____
(e.g. 100) (5 digit ID) (e.g. 3.00)

Lab: Section: _____ SPIRE No. _____
(e.g. LL) (5 digit ID)

Alternatives: SPIRE No. _____ SPIRE No. _____ SPIRE No. _____

Do you meet the **prerequisites** for the course? Yes No

If "no", please explain why you are requesting an override _____

Do you meet the **eligibility** for the course? Yes No

If "no", please explain why you are requesting an override _____

"Yes" on both—You should add yourself to the SPIRE waitlists. Override forms will not be accepted.

Is this course "instructor permission" only (e.g. KIN 297T)? Yes

Student signature

Date

Faculty signature

Date

MainOffice: Date: _____ PreReq/Elg Check: Processed by: _____