KINESIOLOGY DEPARTMENT COURSE OVERRIDE FORM
COURSE OVERRIDES, INDEPENDENT STUDIES, TA POSITIONS, DISCUSSION/LAB CHANGES

Please fill out all the appropriate information and include an unofficial transcript. This form is used for Overrides into Courses, Independent Studies, Teaching Assistant Positions, & Swapping lab or discussion sections. A Professor’s signature will be required in order to process this request.
After filling this form out it can be placed in the Professor’s mail box for signature approval.

NAME: ___________________________ DATE: _________________
(please print clearly)

STUDENT ID: _______ _______ _______ _______ _______ _______ Semester & Year of Course: __________

STUDENT email: __________________________________________________________

*If you are signing up for KIN 270 or 272, please include FIVE alternative labs

KIN _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______
(catalogue number) (5 digit class #) (number of credits)
(i.e.100,215,380)

Lab/ Discussion section: _______ _______ _______ _______ _______
(5 digit class #)

Alternative Lab/Discussion Sections: _______ _______ _______ _______ _______
(5 digit class #) (5 digit class #)
____ _______ _______ _______ _______ _______ _______
(5 digit class #) (5 digit class #) (5 digit class #)

PLEASE SELECT ONE OF THE FOLLOWING:
☐ Course Add ☐ Discussion/Lab Swap

For Independent Studies & TA Practica: Please Fill out the Following:

Faculty Sponsoring your Internship or TA Position: ____________________________

______________________________________ (Student’s signature) (date)
______________________________________
(Course Instructor/ Faculty Sponsor’s Signature) (date)
______________________________________ (Advisor’s Signature) (if required) (date)
______________________________________ (GPD’s Signature for 597V, 697A,B,Q,S,T, 698A, 699, 899) (date)

Processed by: ____________________ date: ______________

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