KINESIOLOGY DEPARTMENT COURSE OVERRIDE FORM

COURSE OVERRIDEs, INDEPENDENT STUDIES, 
TA POSITIONS, DISCUSSION/LAB CHANGES

Please fill out all the appropriate information and include a 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: __________________________________________________________

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

Lab/ Discussion section: _____                      ___ ___ ___ ___ ___
(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: ______________
INDEPENDENT STUDY CONTRACT DESCRIPTION

(Please describe what your independent study entails)