FOREIGN LANGUAGES DEPARTMENT

OVERRIDE REQUEST FORM

Reason for Override:

CRN: ____________________________
Course Prefix & Number: ____________________________
Course Professor: ____________________________
Semester & Year: ____________________________
SIS/Email: ____________________________
Name: ____________________________

Date: ____________________________

Please note: Please be patient, processing your request may take time.

2) You will be emailed when your request has been processed.

3) Processors must confirm via DegreeWorks that all necessary courses were completed, if required. If not, it will need to be approved by the department head.

Office use only:
Date: ____________________________

Other: ____________________________

Professor Signature: ____________________________

Date: ____________________________

Clerked By: ____________________________

Date: ____________________________

Dear: ____________________________

Date: ____________________________

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Office use only:
Date: ____________________________

Other: ____________________________

Professor Signature: ____________________________

Date: ____________________________

Clerked By: ____________________________

Date: ____________________________

Dear: ____________________________