



Packaging Classes Override Request

Semester _____

Name (Last, first) PID Date

E-mail address Phone Number Major/Class
Level

Course **AND** Section Number (Only one course per form. If possible, provide several section numbers in order of preference.)

Why do you want the override? Class/section full
 Do not have the pre-requisites
 Non-Packaging major

Submit the completed form to Jane Crowner, 114 Packaging Building, crowner@msu.edu. By submitting this form, you verify that you have met all the prerequisite requirements for the course and that you assume full responsibility for the consequences if you have not. You will be notified by e-mail when the override has been entered for you. You must enroll in the class yourself within five days from date the override notification was sent to you, or you may lose your override. Override requests with incomplete information and for classes other than Packaging will be discarded.

Signature

Office Use Only:

Date Override Entered Date/Method of Notification Enrolled? (yes/no)