

BIOLOGY DEPARTMENT
UNIVERSITY OF MASSACHUSETTS - AMHERST

COURSE OVERRIDE FORM
INDEPENDENT STUDY FORM
PRACTICUM FORM

Student Name Spire ID# Phone # Email Address

STATUS: Undergraduate _____ Graduate Student _____ Post-Graduate Student _____

BIOLOGY _____
 Course# Credits Lect. Schedule # Lab. Schedule # Dis. Schedule #

Return this form to Sue Clevenger (clevenge@bio.umass.edu) for processing.

STUDENT: IF YOU NEED TO DROP A COURSE FOR THIS ADD, PLEASE DO IT BEFORE PASSING IN THIS FORM.

CREDIT OVERLOAD APPROVAL - APPLY ONLINE AT <http://www.cns.umass.edu>

For Instructor Use Only

The above named student has my permission for the following overrides

Override Class Limit	<input type="radio"/> Yes	<input type="radio"/> No
Override Time Conflict	<input type="radio"/> Yes	<input type="radio"/> No
Override Requisites	<input type="radio"/> Yes	<input type="radio"/> No

Instructor Signature: _____

Instructor (Print Name): _____

Instructor Email Address: _____

Instructor Spire ID#: _____
(Required only for Independent Study or TA course)

For Administrative Use Only

Processed By: _____ Date Processed: _____

If Independent Study or Practicum, is it added to spreadsheet: Yes No N/A