Department of Biology Override Request Form

**Instructions:**
- Complete one form for each class for which you are requesting an override.
- Print out and take the completed form and a copy of your Degree Works Audit to the instructor of each class/lab you are requesting an override.
- Turn in the completed form after it has been reviewed and signed by Instructor to the Biology Office for processing.

A faculty member telling you that you can get into their class will not actually get you into the class. We evaluate override requests from students based upon need (e.g., a BIOL or MBIO student who must have the class to graduate on time) and the student's location on the waiting list (if provided by the instructor).

Direct any questions about the status of your request to Department's Office Manager, Damaris Jones, at hilld@cofc.edu.

* CofC Email: _________________________________________________
* Student: ____________________________________________________
  First                  Last
* What is (are) your major(s)? _______________________________________________________________
* Are you a degree-seeking student? Yes__ No__ If yes, Grad. Date __________________________
* Are you a Freshman__ Sophomore__ Junior__ Senior__ What is your registration date? _______________ You can check your registration time at: http://registrar.cofc.edu/courses/index.php
* Which of the following pre- or co- requisites are you missing? (Please check all that apply)
  - □ BIOL 111/111L (or equivalent transfer or HONS course)
  - □ BIOL 211 (Biodiversity, Ecology and Conservation)
  - □ MATH 250 (Statistical Methods I)
  - □ BIOL 112/112L (or equivalent transfer or HONS course)
  - □ BIOL 305 (Genetics)
  - □ Other
* What semester are you trying to register for? (i.e. Spring 2019, Fall 2019, etc): __________________________
* What is the course number and name of the class and/or lab for which you are requesting an override? (e.g., BIOL 111: Introduction to Cell and Molecular Biology): ________________________________
* What is the 5-digit CRN number for this course? __________________________________________________

Please offer additional information that will help us determine whether to grant your override request. (e.g., explain why can’t you sign up for another section of the class that is still open, why you cannot wait until next semester to take this class, etc.)
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

* (Instructor) Approved by: ____________________________________ Date: ________________
* Print a copy of your Degree Work audit for the instructor of the requested class to review.

Biology Office use only.

Processed by: __________________________ Date: ________________