

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 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 Student CWID#

* What is (are) your major(s)? _____

* Are you a degree-seeking student? Yes No If yes, Graduation 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)

- | | |
|--|--|
| <input type="checkbox"/> BIOL 111/111L (or equivalent transfer or HONS course) | <input type="checkbox"/> BIOL 112/112L (or equivalent transfer or HONS course) |
| <input type="checkbox"/> BIOL 211 (Biodiversity, Ecology and Conservation) | <input type="checkbox"/> BIOL 305 (Genetics) |
| <input type="checkbox"/> MATH 250 (Statistical Methods I) | <input type="checkbox"/> Other |

*What semester are you trying to register for? (e.g. Spring 2021, Fall 2021, 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? _____

*Instructor's Name: _____

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: _____

Email this form along with a pdf copy of your Degree Works audit to the instructor of the requested class to review.

Biology Office use only.

Processed by: _____ Date: _____