

## GRADUATE *OVERRIDE REQUEST FORM* (SPECIAL PERMISSION)

NAME: \_\_\_\_\_

OU ID #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

MAJOR/CONCENTRATION \_\_\_\_\_

ADVISOR NAME (OR DMA/PHD COMMITTEE CHAIR) \_\_\_\_\_

SEMESTER/ YEAR	SUBJECT CODE (MUTH, MUTE, MUED, etc.)	COURS E NUM- BER	SEC- TION NUM- BER	COURSE TITLE	CRED- IT HOURS	STOP TO BE LIFTED (Class Full, Duplicate Course, Prerequisite, Dept./Instr. Permission, Other) <b>No overrides for Time Conflicts use time Conflict Form (Only)</b>	INSTRUCTOR SIGNATURE, IF INSTRUC- TOR/DEPT PERMISSION IS REQUIRED (physical signature, digital signature, or email approval to grad office)
EX: F 2021	MUTE	5522	001	Instrumental Conducting	2	Prerequisite, Instr. Permission	

***INCOMPLETE OR INCORRECT FORMS WILL NOT BE ACCEPTED***