Department of Mathematics

Undergraduate Override Request for Graduate-Level MTH Courses

Name_____________________________ Date:____________________________

PID__________________________ MSU email:_____________________________@msu.edu

Major(s):________________________________________________________

Student Signature:______________________________________________

I am requesting permission to add:

Fall:  Spring:
MTH _____ Sec _____ Fall of Year ______ MTH _____ Sec _____ Spring of Year ______
MTH _____ Sec _____ Fall of Year ______ MTH _____ Sec _____ Spring of Year ______

Permission must be granted by the following three people, in the following order:

(1) Signature of Advanced Track Director:______________________________

(2) Name of Instructor(s):___________________________________________

   Signature of Instructor(s):_________________________________________

(3) Signature of Graduate Director:____________________________________

Once you have all three signatures, the Graduate Office (C213 WH) will process your overrides.