

Course Override Request Form

Complete the form below to request a course override from a School of Social Work academic adviser.

-Please submit a maximum of 3 courses per request form.

Contact Information

First Name

Last Name

E-mail Address

Phone Number

Student ID/Access ID

Student Status

Check One :

<input type="checkbox"/> BSW	<input type="checkbox"/> MSW
<input type="radio"/> Full Time <input type="radio"/> Part Time	<input type="radio"/> Full Time <input type="radio"/> Part Time
<input type="radio"/> Main Campus <input type="radio"/> Macomb Campus <input type="radio"/> WOW!	<input type="radio"/> Core <input type="radio"/> Advanced Standing

Please provide the following information about the course you want to register for :

Course Prefix (e.g. SW)

Course Number (e.g. 3010)

Course reference number (CRN)

Error Code

Course Section (e.g. 002)

What term do you want to register for this course? (e.g. Winter 2012)

Questions or Comments :