SCHOOL OF MUSIC | UNIVERSITY OF ILLINOIS

OVERRIDE REQUEST FORM

Instructions

To the Student:

1. Complete all the requested information below.
2. Take this form to the course instructor for their signature (or attach to this Form a print-out of an email from the instructor verifying their approval).
3. Return the completed form to Jenny Phillips, Academic Affairs, 2048 Music Building.

To the Instructor:

Please indicate your approval of the student override request by signing the form below OR sending an email to the student with your approval of their request. (Please do not email Academic Affairs).

Student Name: ________________________________________________________________

Student UIN: ______________________

Semester: ___ Fall   ___ Spring   ___ Summer   Year _____________

Course number (i.e. MUS 101) and CRN: ________________________________

Type of registration error: (i.e. – Time Conflict; Instructor Approval):

______________________________________________________________________________

Signatures Required:

___________________________________  ____________________________________
(Student Signature)                   (Instructor Signature)

NOTE: MUS 528B has its own form; please do not use this form.