KINESIOLOGY DEPARTMENT COURSE OVERRIDE FORM
COURSE OVERRIDES, INDEPENDENT STUDIES, TA POSITIONS, DISCUSSION/LAB CHANGES

Please fill out all the appropriate information and include a transcript. This form is used for Overrides into Courses, Independent Studies, Teaching Assistant Positions, & Swapping lab or discussion sections. A Professor’s signature will be required in order to process this request. After filling this form out it can be placed in the Professor’s mail box for signature approval.

NAME: __________________________________     DATE: __________________________
(please print clearly)

STUDENT ID: ____ ____ ____ ____ ____ ____ ____ Semester & Year of Course: ____________

STUDENT email: __________________________________________________________

KIN ____ ____ ____ ____ ____ ____ ____ _______ (catalogue number) _____ (5 digit class #) _______ (number of credits)
(i.e.100,215,380)

Lab/ Discussion section: ____ ____ ____ ____ ____ ____ ____ (5 digit class #)

PLEASE SELECT ONE OF THE FOLLOWING:

☐ Course Add      ☐ Discussion/Lab Swap

For Independent Studies & TA Practica: Please Fill out the Following:

Faculty Sponsoring your Internship or TA Position: ________________________________

_________________________________________________________________________

(Student’s signature) (date)

(Course Instructor/ Faculty Sponsor’s Signature) (date)

(Advisor’s Signature) (if required) (date)

(GPD’s Signature for 597V, 697A,B,Q,S,T, 698A, 699, 899) (date)

Processed by: ______________________ date: ______________
INDEPENDENT STUDY CONTRACT DESCRIPTION

(Please describe what your independent study entails)

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