

COLLEGE of CHARLESTON

DEPARTMENT OF PSYCHOLOGY

Override Request Form Directions: Please complete the requested information below. After you complete this form, please attach your DegreeWorks audit and submit these materials to the Psychology Department office (57 Coming St.).

Name: _____

Student ID: _____

Email address: _____

Major: _____

Which Psychology course do you wish to be overridden into? Indicate course number, section, and CRN:

What are the prerequisites for this course? Have you completed these courses and/or have the necessary hours required for the class(i.e., junior/senior status)?

Prerequisite Course(s)/Class Standing

Prerequisites Met (Yes/No)

How many hours have you completed at the College? _____

When do you plan to graduate? _____

Why are you requesting this override? _____

Are you currently enrolled in a course that meets at the same time as the course that you are requesting?

If this override request is granted, will your course load exceed 18 hours? _____. If so, you will also need to complete an Overload request form which will need to be reviewed and signed by your Psychology faculty advisor.