

**College of Arts & Sciences
Department of Family Consumer Sciences
Override Agreement Form
For
Child Development & Early Literacy
General Concentration Majors**

Instructions:

1. Meet with FCS Academic Advisor
2. Complete and secure signatures on this form and leave copy with FCS Advisor
3. Submit form to **Instructor of the Education Course** requested as documentation that you meet qualifications to enroll.

Note: This form does not guarantee that the student will be permitted to receive an override for this course; it is the Course Instructors discretion only.

Semester: _____

Student Name: _____

G # _____

Classification: _____

Major: _____

Minor: _____

Course Title: _____

Course Prefix/Number: _____ **CRN#:** _____

Reason for override: _____ **Exempt from PRAXIS Requirement**

Advisor Signature: _____ Date: _____

Student Signature: _____ Date: _____

Department Head: _____ Date: _____

NOTE: All students needing overrides must have this form completed and signed by their Academic Advisor before submitting it to the instructor of the course requested for the override.