

PERMIT FOR OVER RIDE INTO HONORS SECTION

(Not valid until all required signatures are obtained).

STUDENT: _____

G# _____ Email: _____@missouriwestern.edu

Overall GPA: _____ Advisor: _____

Rank (Circle One): Freshman Sophomore Junior Senior

CRN: _____ COURSE ID: _____ SECTION _____

REASON FOR OVER RIDE:

____ CAPACITY

____ PROGRAM

(Only for Course IDs beginning HON)

(Academic Advisor signature required)

For Program:

If you are not a member of the Honors Program, explain why an honors section must be taken:

The above named student has my permission for the over ride specified above.

Course Instructor _____ Date: _____

Academic Advisor _____ Date: _____

Honors Director _____ Date: _____