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

(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: __________