Departmental Override Form for Senior Seminar

Name: __________________________________________________________________

Phone or Email: ___________________________ N Number: _____________________

Semester: ________________________________

* Students will not be allowed to take both Part 1 and 2 during the same semester.

* Part 1 must be completed before students are allowed to register for Part 2.

I want to register for:

☐ Course Name: BSC 4840: Senior Seminar Part 1 – Preparation

CRN Section # ______________________

Instructor Signature: ____________________________ Date: ______________

I want to register for:

☐ Course Name: BSC 4947: Senior Seminar Part 2 – Practicum

CRN Section # ______________________

Proposed Topic: ________________________________________________

________________________________________________________________________

Mentor Signature: ____________________________ Date: ______________

Department Only: Received: _______________ Processed: __________