## WMU DEPARTMENT OF PSYCHOLOGY

## APPLICATION FOR PERMISSION TO ELECT/OVERRIDE REQUEST

The above student has my pern	nission to enr	oll in the following:								
Faculty Instructions:	Course	Title of Course	Credit	<b>OPTION 1:</b> Declare specific semesters.				<b>OPTION 2:</b> Continue Override Until (pick one)		
Use the blank line for courses that are full and/or require instructor permission to	#		Range	Spring	Summer I	Summer II	Fall	Starting Term	Credits	Last Semester & Year
enroll.	5000	Consider Donale	1.5							
Please choose from option 1 or 2:  Option 1: Place year under each term needed.  Option 2: Place starting semester and year in the first column, and then choose from one of the two options to the right.	5980 5990	Special Projects Psych  Practicum in Psychology	1-5							
	6910	College Teaching Practicum	3							
	6980	Clinical Practicum I	1-3							
	6990	Clinical Practicum II	1-3							
	7000	Thesis	1-6							
	7050	Master's Project	1-6							
A digital signature is allowed only if sent from faculty email account.	7100	Independent Research	1-6							
	7120	Professional Field Experience	2-12							
Print Faculty Name:	7300	Dissertation	1-12							
	7320	Doctoral Clinical Internship	1-3							
	7350	Graduate Research	1-6							