## WMU DEPARTMENT OF PSYCHOLOGY

## APPLICATION FOR PERMISSION TO ELECT/OVERRIDE REQUEST

Student Name										
The above student has my pern		roll in the following:								
<b>Faculty Instructions:</b>	Course #	Title of Course	Credit Range	<b>OPTION 1:</b> Declare specific semesters.			OPTION 2: Continue Override Until (pick one)			
Use the blank line for courses that are full and/or require instructor permission to enroll.				Spring	Summer I	Summer II	Fall	Starting Term	Last Term & Year	
	5970	Pre-Practicum	1-4		1					
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	Special Projects Psych	1-5							
	5990	Practicum in Psychology	1-4							
	5991	YMCA Practicum	1-4							
	6910	College Teaching Practicum	3							
	6980	Clinical Practicum I	1-3		USE OPTION	N 2 COLUMN				
	6990	Clinical Practicum II	1-3							
	7000	Thesis	1-6		USE OPTION	N 2 COLUMN				
A digital signature is allowed only if sent from faculty email account.	7050	Master's Project	1-6		USE OPTION	N 2 COLUMN				
	7100	Independent Research	1-6							
Print Faculty Last Name:	7120	Professional Field Experience	2-12							
	7300	Dissertation	1-12		USE OPTION	N 2 COLUMN				
	7320	Doctoral Clinical Internship	1-3		USE OPTION	N 2 COLUMN				
	7350	Graduate Research	1-6							
									_	
Faculty Signature:						Date	e:			