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| **ILLINOIS STATE UNIVERSITY****SCHOOL OF KINESIOLOGY AND RECREATION****Override Request Form for****KNR 499, Master Thesis** |
| **Student:**  | **Student ID#:**  |
| **Phone #:**  | **ULID:**  |
| **# of Credit Hours:**  | **Year:**  | **Session:**  |
| **Thesis Title:**  |
| **Thesis Chair:**  |
|  **­**  |  |  |
|  | **Thesis Chair** |  **Date** |
|  |  |  |
|  | **Graduate Program Director’s Signature** | **Date** |
| **OFFICE USE ONLY:****Date of Override: Section #: Reference #:**  |

**INSTRUCTIONS:** **Thesis**

 **A. First Semester of Thesis Enrollment**

1. Complete Override Request Form with signature of thesis committee chair
2. List and get signatures below for Tentative Thesis Committee members.
3. Submit completed Override Request form (with signatures) to the Graduate Program Secretary (101 McCormick) for signature of Graduate Program Coordinator and processing. You will be notified by e-mail when to register for your thesis hours. A reference number will be provided.
4. Your Thesis Proposal Approval form can be completed at a later date. The Thesis Proposal Approval form must be turned in to the Graduate Program Secretary (101 McCormick) prior to being sent to the Graduate School

 **B. Second and Subsequent Semesters of Thesis Enrollment**

1. Complete Override Request Form with signature of thesis committee chair; if committee membership has changed, get signature(s) of the new member(s).
2. Submit completed Override Request form (with signatures) to the Graduate Program Secretary (101 McCormick) for signature of Graduate Program Coordinator and processing. You will be notified by e-mail when to register for your thesis hours. A reference number will be provided.

*Tentative* Committee Membership

--Please type and print legibly-- --Signature—to verify *tentative* approval

Chair:

 (Dept/School)

or

Co-chairs:

 (Dept/School)

Additional Committee Members (identify Dept/School unless KNR):