

## TBP Override Request

Department Org ID #: \_\_\_\_\_  
Student Name: \_\_\_\_\_  
Student ID #: \_\_\_\_\_  
Override Semester: \_\_\_\_\_

Indicate the reason for the override:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

Signature Date

---

Print Name Print Title

Please attach documentation to support override eligibility and send completed form to the Coordinator of Fellowships and Benefits at the Graduate School – 302 Park Building. Overrides will not be processed without proper documentation.