Prerequisite Override Form

This form is to be completed when a student requests to be allowed to enroll in a course for which one or more prerequisites have not yet been met.

STUDENT PERSONAL INFORMATION

ID Number

Name Last, First, Middle

ACADEMIC INFORMATION

Campus Code

Catalog Year

Degree (Major)

Minor None

Concentration None

COURSE & INSTRUCTOR INFORMATION

Course Number & Title

Year & Term

Instructor Name

Department

PREREQUISITE REQUEST INFORMATION

Please identify the prerequisite requirement(s) not met:

Please identify the reason(s), circumstance(s), or justification(s) supporting the recommendation. May be attached as a separate document if necessary.

Student Signature _____ Date Completed _____

Advisor Signature _____ Date Completed _____

Prerequisite Override Approved

☐ ____ Instructor Initials
____ Lead Faculty/Division Chair Initials
____ Dean of Faculty & Instruction Initials

Prerequisite Override Denied

☐ ____ Instructor Initials
____ Lead Faculty/Division Chair Initials
____ Dean of Faculty & Instruction Initials

Instructor Signature _____ Date Approved/Denied _____

Lead Faculty / Division Chair Signature _____ Date Approved/Denied _____

Dean of Faculty & Instruction Signature _____ Date Approved/Denied _____

OFFICE USE ONLY
(Indicate distribution date below)

_____ Instructor

_____ Division Chair

_____ Dean of Faculty & Instruction

_____ Registrar's Office

_____ Advisor

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