



Pre-Requisite Override Request Form

(Please include a Drop/Add or Registration form for the courses)

Student Name: _____ **ID:** _____
Last name First Name Middle Name

Classification: Freshman Sophomore Junior Senior **Major:** _____

Semester: Fall Spring Summer **Year:** _____

Course			Pre-Requisites Not Fulfilled		
Course Dept + Num	Course Title	Credit Hours	Course Dept + Num	Course Title	Credit Hours

Reason for Requesting Override: _____

Recommended: _____ **Date:** _____
Advisor

Approved: _____ **Date:** _____
Program Coordinator in Course Area

Approved: _____ **Date:** _____
School Chair

Completed: _____ **Date:** _____
Signature of Registrar's Office