

PREREQUISITE OVERRIDE PERMISSION FORM

Please complete this form and return to the Office of Student Records. This form must have the signatures of the student's advisor and of the dean or division head of the school under which the overridden class is offered.

Student Name _____
Student ID # _____
Date _____

Semester/Year _____
Course ID _____
Course Name _____

Prerequisite _____

**Reason for
Override** _____

Name of Student's Advisor

Signature of Student's Advisor

Name of Dean or Division Head

Signature of Dean or Division Head