

PREREQUISITE OVERRIDE FORM



I. STUDENT INFORMATION

Student Name: _____ Student ID: _____

Academic Program: _____

II. SEMESTER INFORMATION

Year: _____

Semester: Summer May
 Fall Winter
 Spring

Session: I III
 II Extended

III. COURSE INFORMATION

Indicate below the course in which you wish to enroll:

Course Title (Composition I)	Course Prefix (ENG)	Course Number (1301)	Section Number (01)
_____	_____	_____	_____

(Must have section number)

Indicate the prerequisite course(s) to override: _____

Indicate the reason for the override: _____

IV. REQUIRED SIGNATURE

Student Signature: _____ Date: _____

V. APPROVAL SIGNATURES

Faculty Advisor Signature: _____ Date: _____

Dept. Chair/Pgrm Dir. Signature: _____ Date: _____
(Of the school in which the overridden class is offered)

Dean Signature: _____ Date: _____
(Of the school in which the overridden class is offered)

Enrollment into the course is processed when the completed form is submitted to the Office of Student Records.

For Office of Student Records Use Only

Processed by: _____ Date: _____