

Office of the Registrar Armitage Hall Rutgers, The State University of New Jersey 311 North 5<sup>th</sup> Street Camden, NJ 08102-6053 registrar.camden.rutgers.edu

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## PREREQUISITE OVERRIDE FORM

NAME:			RUID:			
Course Title:		School:	_ Subject:	_ Course:	Section:	
Index Regist	ration Number	(5 digits):	-			
Semester:	□Fall	□Spring	□Summer		□Winter	
I HAVE CON	IPLETED THE	PREREQUESITES FOR	THE ABOVE CO	URSE THRO	OUGH:	
		sfully completed at an	_	or Universi	ty	
Office	indicated at th	rization from the appropr ne bottom portion of this the Office of the Registra	form.		_	
Student's S	ignature		Date		_	
FAC	ULTY MEMB	ER OR APPROPRIA	TED ACADE	MIC ADM	INISTRATOR	
		erequisite(s) for the cour ce of the Registrar to ove				
Faculty Mer	mber Signatuı	·e:		Date:		
Academic A	dministrator	Signature:		_ Date:		
PREREQUIS	SITES"	CIAL PERMISSION NU				
		structor has agreed to admit th			_	
2. Every stude	ent enrolling in the	course require permission num	ber (by Special Perr	nission only) _		