PREREQUISITE OVERRIDE FORM

NAME: ____________________________________________ RUID: ____________________

Course Title: ________________________ School: _____ Subject: _____ Course: _____ Section: _____

Index Registration Number (5 digits): __________

Semester:  □ Fall  □ Spring  □ Summer  □ Winter

I HAVE COMPLETED THE PREREQUISITES FOR THE ABOVE COURSE THROUGH:

___ Coursework successfully completed at another College or University
___ Other__________________________________________

• Obtain signed authorization from the appropriate Faculty member or Academic Advising Office indicated at the bottom portion of this form.
• Deliver this form to the Office of the Registrar in order to complete your Registration.

Student’s Signature ______________________ Date ________________

FACULTY MEMBER OR APPROPRIATED ACADEMIC ADMINISTRATOR

The student has met the prerequisite(s) for the course at least for one of the reasons indicated above. I authorized the Office of the Registrar to override the prerequisite block, which is preventing registration.

Faculty Member Signature: ______________________ Date: ________________

Academic Administrator Signature: ______________________ Date: ________________

“PLEASE NOTE THAT SPECIAL PERMISSION NUMBERS DO NOT OVERRIDE PREREQUISITES”

PLEASE ISSUE A SPECIAL PERMISSION NUMBER ONLY IF THE FOLLOWING APPLIES:

1. The course is filled and the Instructor has agreed to admit the student ___ ___ ___ ___ ___

2. Every student enrolling in the course require permission number (by Special Permission only) ___ ___ ___ ___ ___