



Office of the Registrar
 Armitage Hall
 Rutgers, The State University of New Jersey
 311 North 5th Street
 Camden, NJ 08102-6053

registrar.camden.rutgers.edu

856-225-6053
 Fax: 856-225-6453

Today's Date: _____

Date Received: _____

Prerequisite Override Form

Student (To be completed by the student)

Name: Last First MI RUID #

Email Address Phone #

Course Information

Index #	Unit #	Subj #	Course #	Sec #	# Crs	Course Title

Term Course is being Offered: Fall Spring Summer Winter Year: 20_____

I have completed the prerequisite for the above course through:

- Coursework successfully completed at another College or University
- Coursework successfully completed at another Rutgers Campus New Brunswick Newark
- AP/Placement Test
- Other (explain briefly): _____

X

STUDENT'S SIGNATURE

DATE

FACULTY MEMBER OR ADMINISTRATIVE APPROVAL ONLY

The student has met the prerequisite(s) for the course listed above for the reasons indicated. I authorize the Registrar's Office to override the prerequisite block, allowing the student to register for the course.

 Designated Faculty Member Name (please print)

 Designated Administrator Name (please print)

 Designated Faculty Member Signature/Date

 Designated Administrator Signature / Date

Please Note: Special Permission Numbers do not Override Prerequisites

Please issue a Special Permission Number ONLY if the following applies:

1. The course is full and the Instructor has agreed to admit the student _ _ _ _ _
2. The course is by "Special Permission" only _ _ _ _ _

Instructions: After obtaining authorization from the appropriate Faculty Member or Administrator, please come to the Office of the Registrar, Armitage Hall, to complete the registration process.