



OFFICE OF THE REGISTRAR
Prerequisite Override Form

Year: _____ Term: _____ Session: _____

Student Name: _____ Student ID#: 000 ____ - _____

Please allow the above student to register for the following class as an override for a prerequisite course:

Course ID: _____ Section#: _____ Sub-Type: _____ Credits: _____

Instructor: _____

Please check ONE reason for the prerequisite override:

- 1. Student is currently enrolled in a prerequisite course at **ANOTHER** college or university:

Institution: _____

Course Number: _____ Course Name: _____

- 2a. Student has completed the prerequisite course at **ANOTHER** college or university, but it is not an exact equivalent on the student's transcript.

Institution: _____

Course Number: _____ Course Name: _____

OR

- 2b. New Student – Courses not yet entered into academic record.

Institution: _____

Course Number: _____ Course Name: _____

- 3. Other (please explain)

*After receiving the signature of the Department Chair in which the course is listed, the form **MUST be** submitted to the Office of the Registrar in order for the student to be registered for the course.*

Student Signature

Date

Department Chairperson's Signature

Date

OFFICE USE ONLY	
Processed By:	_____
Processed Date:	_____
Revised: November 2021	