

Prerequisite Override Form

For:	Semester:		Year:			
Pleas	e allowStudent		(Student ID)	
	Student	name		Student ID	#	
to reg	gister for the following	class with a pre	requisite err	or:		
Cour	se:					
	Dept prefix	Course #	Section #			
Pleas	e check or describe her	e why this waiv	er or overri	de is being allo	owed:	
□ S	tudent is currently in a	prerequisite cou	urse at anoth	er college or u	niversity	
\square S	tudent has completed th	ne prerequisite	course at and	other college or	r university,	but it is not
y	et reflected on the stude	ent's transcript.				
	Other (explain here)					
Progi	ram Coordinator				Date	
Asso	ciate Dean				Date	
	receiving the approval e in order to register fo	•		_	form to the R	egistrar's
	e College of Christian S e College of Visual and					Associate Dean