

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) _____