

Office of the Registrar

Requisite and Permission of Instructor Override Request Form

Student Last Name Student First Name Student ID Number

Semester (exp: Spring, Summer, or Fall) Academic Year

Course Code Subject & Number Section Number (Required)

Permission of Instructor	Pre-Requisite Waived	Co-Requisite Waived
Yes	Yes	Yes
No	No	No
Not Applicable	Not Applicable	Not Applicable

Chair or Associate Dean's Name	Chair or Associate Dean's Signature	Date
		<input type="text"/>

Advisor's Name	Advisor's Signature	Date
		<input type="text"/>

Note: The Chair or Associate Dean's approval signature must originate from the department that owns the course. For example, the English department has authority over an English Course, but does not have authority over a Biology course.

R.O. Use Only

Date Stamp	Receiver's Initials	Comments
<input type="text"/>		