

Student e-mail: _____

Student phone number: _____

Course Pre-Requisite Override

Student's Name _____

Social Security # _____

Student ID # _____

FALL _____ SPRING _____ SUMMER _____

Course _____

CRN # _____

Instructor's Signature: _____

Date: _____

Department Chair: _____

Date: _____

Brief Written Explanation _____
