

Student e-mail: \_\_\_\_\_

Student phone number: \_\_\_\_\_

## Course Pre-Requisite Override

Student's Name \_\_\_\_\_

Student ID # \_\_\_\_\_

FALL \_\_\_\_\_ SPRING \_\_\_\_\_ SUMMER \_\_\_\_\_

Course \_\_\_\_\_

CRN # \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Department Chair: \_\_\_\_\_

Date: \_\_\_\_\_

Brief Written Explanation \_\_\_\_\_

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