

Today's Date: _____

Date Received: _____

Prerequisite Override Form

Student *(To be completed by the student)*

Name: Last First MI RUID #

Email Address Phone #

Course Information

Index #	Unit #	Subj #	Course #	Sec #	# Crs	Course Title

Term Course is being Offered: Fall Spring Summer Winter Year: 20_____

I have completed the prerequisite for the above course through:

- Coursework successfully completed at another College or University
- Coursework successfully completed at another Rutgers Campus New Brunswick Newark
- AP/Placement Test
- Other (explain briefly): _____

X _____
STUDENT'S SIGNATURE

DATE

FACULTY MEMBER OR ADMINISTRATIVE APPROVAL ONLY

The student has met the prerequisite(s) for the course listed above for the reasons indicated. I authorize the Registrar's Office to override the prerequisite block, allowing the student to register for the course.

 Designated Faculty Member Name *(please print)*

 Designated Administrator Name *(please print)*

 Designated Faculty Member Signature/Date

 Designated Administrator Signature / Date

Please Note: Special Permission Numbers do not Override Prerequisites

Please issue a Special Permission Number ONLY if the following applies:

1. The course is full and the Instructor has agreed to admit the student _ _ _ _ _
2. The course is by "Special Permission" only _ _ _ _ _

Instructions: After obtaining authorization from the appropriate Faculty Member or Administrator, please come to the Office of the Registrar, Armitage Hall, to complete the registration process.