



COURSE PREREQUISITE OVERRIDE FORM

Student's AURAK ID Number	
Student's First Name	
Student's Last Name	
Department and Major	
Course Number	
Course Name	
Reason for Override	
Date	
Signature of Student	
Signature of Instructor	
Signature of Advisor	
Signature of The Dean	

* A copy of the Course Override form should be kept in the student's file with his advisor and another copy in the student's file at the Registrar Office.