

School of Business  
Student Prerequisite Override Form

REQUESTED BY

Student Name:  Student ID:   
Phone Number:  Email:   
Semester:  Year:  Class Needed:   
Prerequisite:

**Justification\***: *Provide reason for requesting an override*

*Please submit completed form with transcripts for review and processing.*

***Division Office Use Only***

APPROVAL

Associate Dean:   
Department:   
Approved:  Denied:

**Justification** *Provide reason for denial*

Associate Dean Signature:  Date:   
Student Notified By:  Date: