



PREREQUISITE OVERRIDE PERMISSION FORM

Please complete form, obtain all required signatures and return to the Office of Student Records.

Student Name _____

Student ID # _____

Semester & Year _____

Course Prefix-Course Number-Section Number _____

(MUST HAVE SECTION NUMBER)

Course Name _____

Prerequisite _____

I have taken this course at Texas Wesleyan University Y N

Reason for _____

Override _____

Name of Student

Signature of Student

Name of Student's Advisor

Signature of Student's Advisor

Name of Dean or Division Head,
in the school under which the
overridden class is offered

Signature of Dean or Division Head

Date: _____