

Office of the Registrar

Pre-Requisite Clearance and/or Permission of Instructor

For FALL 20____ or Spring 20____ or Summer 20____

ID: _____

Name: _____

Date: _____

Course Number needing special permission	Sec No.	Title	Instructor signature allowing pre- requisite override or special permission to enroll.

Please return this signed form to the Office of the Registrar.