

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