Southern University at New Orleans

Prerequisite Override Form

Please override the following prerequisite(s)

Course(s) _____ Course Number(s) _____

to allow

_____   _____

Student Name   Student ID Number

To register in the following course(s)

___ ___ ___ ___   ___ ___ ___ ___   _____   _____   _____

Call #   Key (4 Letters)   Course #   Section #   Course Name

Approved by:

Advisor _____   Date_____

Department Chair _____   Date _____

___

Dean _____   Date _____