RUTGERS
School of Arts and Sciences

Office of Advising and Academic Services
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SAS Advising Centers
Busch Student Center, Rm. 172, BC
Milledoler Hall, Rm. 103, CAC Ruth
Adams Building, Rm. 103, DC Lucy
Stone Hall, Rm. A-216, LC

Today's Date: _____   Date Received: _____

Prerequisite Override Form

Student *(To be completed by the student)*

Name: Last   First   MI   *(please print)*   RUID #

Email Address   Phone #

Course Information

Index #	Unit #	Subj #	Course #	Sec #	# Crs	Course Title

Term Course is being Offered: ☐ Fall   ☐ Spring   ☐ Summer   ☐ Winter   Year: 20_____

I have completed the prerequisite for the above course through:

☐ Coursework successfully completed at another College or University

☐ Coursework successfully completed at another Rutgers Campus ☐ Camden ☐ Newark

☐ AP/Placement Test

☐ Other (explain briefly): _____

X _____   _____
STUDENT'S SIGNATURE   **DATE**

FACULTY MEMBER OR ADMINISTRATIVE APPROVAL ONLY

The student has met the prerequisite(s) for the course listed above for the reasons indicated. I authorize SAS Advising and Academic Services to override the prerequisite block, allowing the student to register for the course.

_____   _____
Designated Faculty Member Name (*please print*)   Designated Administrator Name (*please print*)

_____   _____
Designated Faculty Member Signature/Date   Designated Administrator Signature / Date

Please Note: Special Permission Numbers do not Override Prerequisites

Please issue a Special Permission Number ONLY if the following applies:
1. The course is full and the Instructor has agreed to admit the student _ _ _ _ _ _
2. The course is by "Special Permission" only _ _ _ _ _ _

Instructions: After obtaining authorization from the appropriate Faculty Member or Administrator, please come to a SAS Advising Center, to complete the registration process.