

**The Pennsylvania State University
Prerequisite Override Form**

INSTRUCTIONS: This form is used by students to request an override of a prerequisite, concurrent, or co-requisite course. This form is only used by students wishing to register for a course that uses automatic enforcement of prerequisites at the time of registration. Please refer to [policy C-5](#) for criteria and procedures to request an override.

STUDENT INFORMATION

Student Name: _____ PSU ID: _____
Email: _____ Phone No: _____

INFORMATION ON COURSE BEING REQUESTED

Campus: _____ Semester: _____
Course Subject: _____ Course Number: _____

Course Section (s): List all section(s) you wish to request in order of preference. You will be placed in the first open section.

1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

EVIDENCE AND JUSTIFICATION: (please refer to [policy C-5](#) for a list of appropriate documentation)

Identify reasons why an exception should be made (to be filled out by student).

COMMENTS AND DECISION: (to be filled out by faculty member or prerequisite coordinator)

APPROVED _____ NOT APPROVED _____

Prerequisite Coordinator Signature: _____ Date: _____