

Comments:

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Request for Præquisite Override

Use this form to request overrides for ME courses ONLY.

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Student Last Name		Student First Name			
Jagmail address@jagmail.southalabama.eduAdvisor (Last Name)					
Course for which the prerequisite is to be waived.					
CourseNumberME Course Title					
Term	Fall	Spring	Summer	Year: 20	
Instructor					
List the prerequisite(s) you are requesting be waivedicate (9) if you will take the prerequisite concurrently.					
1.					
2.					
3.					
Explain why you are requesting the override(s).					
Approvals:					
				Data	
Advisor				Date	
Instructor				Date	
Department Chair				Date	