



<b>For Office Use Only</b>		
S	Z	R
Process Date _____		
Initials _____		

## Prerequisite Override Form

<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>STUDENT ID NUMBER</b>	<b>TERM</b>
<b>COURSE REQUESTED</b> CRN: _____ COURSE: _____		<b>PREREQUISITE COURSE(S)</b>	

### JUSTIFICATION FOR OVERRIDE

To be completed by Advisor. Check appropriate box for Required Documentation\* or explain reason for override.

<b>Course Substitution</b> <input type="checkbox"/>	<b>Transcript</b> <input type="checkbox"/>
<b>Oregon Tech Requirement:</b> _____  <b>Substitution:</b> _____	<b>Institution:</b> _____  <b>Equivalent Course:</b> _____  <b>Date/Term:</b> _____
<b>Reason:</b>  <div style="height: 40px;"></div>	

\*If an above box is checked, you are required to submit documentation in that form. If your Required Documentation is not submitted to the Registrar's Office by the end of the second week of the term, you will be administratively dropped from the course requested. Required Documentation includes an Official Transcript and/or a completed Course Substitution Form.

**APPROVED BY:**

(all signatures are required in order to process)

\_\_\_\_\_  
Course Instructor (printed)

\_\_\_\_\_  
Course Instructor (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Primary Academic Advisor (printed)

\_\_\_\_\_  
Primary Academic Advisor (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair\*\* (printed)

\_\_\_\_\_  
Department Chair (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\*\*Department Chair of the student's major. If the override is for a General Education (Communication, Humanities, Social Science, Math, or Science) course, then two Department Chair signatures are required – that of the appropriate General Education Dept. and of the student's major.