

Term Info:

 Term: Fall-Year: _____ Spring - Year: _____

Classification:
 Freshmen Sophomore Junior Senior

 First Name: _____
 ID Number: _____
 Major(s): _____
 GPA: _____

 Last Name: _____
 Contact Phone: _____
 OU Email: _____

Course Info:

1. (Pre-Requisite) Course No.	_____
Desired Course No.	_____
<i>Department Chair Signature:</i>	_____
2. (Pre-Requisite) Course No.	_____
Desired Course No.	_____
<i>Department Chair Signature:</i>	_____
3. (Pre-Requisite) Course No.	_____
Desired Course No.	_____
<i>Department Chair Signature:</i>	_____
4. (Pre-Requisite) Course No.	_____
Desired Course No.	_____
<i>Department Chair Signature:</i>	_____

Course Title	_____
Course Title	_____
<i>Date Signed:</i>	_____
Course Title	_____
Course Title	_____
<i>Date Signed:</i>	_____
Course Title	_____
Course Title	_____
<i>Date Signed:</i>	_____
Course Title	_____
Course Title	_____
<i>Date Signed:</i>	_____

 Student Signature _____

 Date _____

Instructions

 I have carefully reviewed the Student's Academic Record and authorize the Registrar's Office to override the pre-requisite for the above-mentioned student for the Term: Fall - Year: _____ Spring - Year: _____

 Advisor _____
Advisor Signature

 Date _____

 Minor Dept. Chair _____
Minor Department Chair Signature (if required)

 Date _____

 Registrar's _____
Registrar's Signature

 Date _____
