

## PREREQUISITE OVERRIDE REQUEST

**INSTRUCTIONS:** Use this form to request permission to register for a course which you do not meet the prerequisite. Approved requests are good for a **single** class during the **selected quarter** only. Both the instructor and the department lead or division dean must approve the prerequisite override request. Please fill out this form **completely**.

*Please note that you may be required to provide appropriate documentation or verification of your previous academic performance to justify the request for prerequisite override.*

### TO BE COMPLETED BY THE STUDENT:

**Quarter:**    **Summer**    **Fall**    **Winter**    **Spring**   **Year:** \_\_\_\_\_

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

*Please write a brief statement supporting your request for prerequisite override for the class listed below:*

**Class Title:** \_\_\_\_\_ **Line#:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Date

### TO BE COMPLETED BY THE INSTRUCTOR AND DEPARTMENT LEAD/DIVISION DEAN:

*Please check the appropriate box, provide comments as appropriate and sign below.*

\_\_\_\_\_  
(Comments by Instructor - Optional)

\_\_\_\_\_  
Instructor - Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Prerequisite Override**

**Approved**

**Denied**

\_\_\_\_\_  
Department Lead or Division Dean - Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### Where to Submit:

**Mail**  
Student Records  
Columbia Basin College  
2600 N. 20th Avenue, MS-H4  
Pasco, WA 99301

**In Person**  
Hawk Central  
H Building  
Pasco Campus

**Email**  
records@columbiabasin.edu