

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** with signatures and return to Hawk Central for registration.

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. **We are temporarily accepting this form via email while our campuses operate remotely. Please submit the completed form via your CBC email to records@columbiabasin.edu.**

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

Instructor Signature

Date

Prerequisite Override

Approved

Denied

Department Lead or Division - Printed Name

Department Lead or Division Dean Signature

Date