



For Office Use Only		
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Process Date _____		
Initials _____		

Prerequisite Override Form

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

JUSTIFICATION FOR OVERRIDE

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

Course Substitution <input type="checkbox"/>	Transcript <input type="checkbox"/>
Oregon Tech Requirement: _____ Substitution: _____	Institution: _____ Equivalent Course: _____ Date/Term: _____
Reason: <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
Student Advisor (printed)	Student 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.