



Office of the Registrar

***Requisite Override Form***

**PERSONAL DETAILS**

Student's name \_\_\_\_\_

Student's ID \_\_\_\_\_ NU School \_\_\_\_\_

Major \_\_\_\_\_ Year of study (1-4) \_\_\_\_\_

**COURSE INFORMATION**

**Semester:** ☐ Fall20\_\_ ☐ Spring20\_\_ ☐ Summer20\_\_

**Course Abbr** \_\_\_\_\_ **Title** \_\_\_\_\_

**To be overridden:** Pre-requisite ☐ Co-requisite ☐ Anti-requisite ☐

**Evidence**(filled in by Course Instructor) \_\_\_\_\_

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Student \_\_\_\_\_  
signature date

Adviser \_\_\_\_\_

Instructor \_\_\_\_\_  
full name and signature date

Dep. Chair of the course/Vice-Dean for Academic  
Affairs \_\_\_\_\_  
full name and signature date

\*Please make sure not to leave blank fields. It will prevent from proceeding your form.

**\*All forms should be submitted to the School Office of the course.**

**School administrator use only**

Processed by:

Date: