PREREQUISITE AND/OR INSTRUCTOR APPROVAL FORM FOR REGISTRATION

Student Name: ________________________________ Term: ________________________________

Student Signature: __________________________ SID: ____________________________

Student Identification Number

<table>
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<tr>
<th>CRN</th>
<th>Prefix &amp; Number</th>
<th>TITLE</th>
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Action Required: I understand this approval will also override the student into the course if it is full.

☐ Prerequisite approval ☐ Time conflict approval

☐ Instructor approval ☐ Other

☐ DO NOT OVERRIDE IF THE COURSE IS FULL

Instructor Signature of approval: ________________________________

Date: ________________________________