

PREREQUISITE AND/OR INSTRUCTOR APPROVAL FORM FOR REGISTRATION

Student Name: _____ Term: _____

Student Signature: _____ SID: _____

Student Identification Number

CRN	Prefix & Number	TITLE

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: _____