William B. Burnsed, Jr. Dn[p98bl9Mto Tf. r. Dn[p98bl9Mech Mechanical, A
and Biomedical Engineering

Request for Prerequisite Override

Use this form to request overrides for ME courses ONLY.

d } Ç [• š _____ Jag Number J00_____

Student Last Name_____ Student First Name_____

Jagmail address _____@jagmail.southalabama.edu Advisor (Last Name)_____

Course for which the prerequisite is to be waived.

Course Number ME _____ Course Title_____

Term: Fall Spring Summer Year: 20__

Instructor

List the prerequisite(s) you are requesting be waived. Indicate (9) if you will take the prerequisite concurrently.

1.

2.

3.

Explain why you are requesting the override(s).

Approvals:

Advisor _____ Date _____

Instructor _____ Date _____

Department Chair _____ Date _____

Comments: