

**School of Liberal Arts and Education**  
**PRE-REQUISITE OVERRIDE FORM**

Fall 20 \_\_\_\_\_  
Spring 20 \_\_\_\_\_  
Summer 20 \_\_\_\_\_

**MEMORANDUM**

**DATE:** \_\_\_\_\_

**TO:** \_\_\_\_\_

Dr. Linda Malone-Colon, Dean  
School of Liberal Arts & Education

**FROM:** \_\_\_\_\_

Dr. Demarr Woods  
Chairperson

**RE:** Pre-Requisite Override

Please register the following student(s) into section(s) designated.

The reason for the request is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME & CONTACT #	ID	COURSE	CRN NUMBER

Thank you.