Goodwin University

POP

Permission to Override Prerequisite

FACULTY/STAFF USE ONLY

Student's name: *First* _____ *Middle* _____ *Last* _____

Student's ID number: _____

Program: _____

Reason for override _____

PLEASE WAIVE PREREQUISITE AND REGISTER STUDENT FOR

Course code _____ Course name _____

Section _____ Semester _____

Student signature _____ Date _____

Director/Chair signature _____ Date _____

Entered by _____ Date entered _____