

The University of Texas at San Antonio

PREREQUISITE OVERRIDE REQUEST

To request to waive prerequisite and/or to request consideration of course(s) not yet listed in Banner.

Once all approves are received permission will be set for the student to register.

Date of request			For Semester/Y	r:	
Name:			Banner ID: @_		
Degree/Major:	Min	or:	Catalog:		
Daytime phone: ()	Email:			
Student Request					
Requested Course:	CALL# DISC CR	SE SEC Prerequisi			
Students must attach a	letter with justification	or indicate their reason:	s for the request bel	ow.	
All students seeking	attach a copy of an update enrollment in COB cou	erses must start with the	COB advising cen	ter and students seeking or major.	
Approved	\Box Disapproved	☐ Approved with o	onditions:		
Signature:	Faculty/Instructor	г		Date	
Approved	Disapproved	Approved with co	onditions:		
Signature: For COB and COE the	Department Chai e Associate Dean must al			Date	
Approved	Disapproved	Approved with co	onditions:		
Signature:	Associate Dean			Date	
For all courses, exce at the Downtown Ca advising center.	ept COB and COE, plants ampus for processing.	ease return the form t For COB and COE	o MS 2.02.18Y at courses return the	the Main Campus or BV approved form to the resp	1.304 ective
For Front Dask use on	ly: Received date		time		