

Office of the Registrar Armitage Hall Rutgers, The State University of New Jersey 311 North 5th Street Camden, NJ 08102-6053 registrar.camden.rutgers.edu

856-225-6053 Fax: 856-225-6453

Today's Da	ate:			Date Received:				
			Prere	equisit	e Over	ride For	rm	
Student (To be com	pleted by t	he student)					
Name:	ne: Last			First		MI	RUID#	
Email Add	lress						Phone #	
Course In			G #		#.0	T	C Tru	
Index #	Unit #	Subj#	Course #	Sec #	# Crs		Course Title	
Term Cou	rse is bein	g Offered	l: □ Fall	□ Sprii	ng 🗆 Si	ımmer 🗆	Winter Year: 20	
I have con	npleted tl	ne prereq	uisite for t	he abov	e course	through:		
Other (explain briefly): X STUDENT'S SIGNATURE							DATE	
	t has met	the prere	quisite(s) for	the cour	se listed a	bove for th	PROVAL ONLY ne reasons indicated. I authorize udent to register for the course.	
Designated Faculty Member Name (please print)					Designated Administrator Name (please print)			
Designated	l Faculty Me	ember Signa	nture/Date	Ī	Designated Administrator Signature / Date			
Please No	ote: Spec	ial Pern	nission Nu	mbers o	do not O	verride F	Prerequisites	
1. Th	ne course	is full a		ructor ha	as agreed	l to admit	ng applies: the student	
	rator, ple	ase come	-				e Faculty Member or tage Hall, to complete the	