College of Education and Human Development
Advising and Certification Center

OVERRIDE REQUEST FORM

Date of request: _____ For Sem/Yr: _____

Name:_____Banner ID: @_____

Degree/Major: _____ Minor:_____ Catalog: _____

Daytime phone: (_____)_____ Email:_____@my.utsa.edu

Student Prerequisite Override Request:

Requested Course:_____
CALL # DISC CRSE SEC

Prerequisite(s) Missing:_____

Comments:

Signature: _____ _____
Advising Staff Date

Signature: _____ _____
Faculty/Instructor Date

Signature: _____ _____
Department Chair Date

Once approved, the Department or the COEHD Advising Center may register student.

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Revised 4/28/08 KO