



Office of the Registrar

Requisite Override Form

PERSONAL DETAILS

Student's name _____

Student's ID _____ NU School _____

Major _____ Year of study (1-4) _____

COURSE INFORMATION

Semester: Fall20__ Spring20__ Summer20__

Course Abbr _____ Title _____

To be overridden: Pre-requisite Co-requisite Anti-requisite

Evidence(filled in by Course Instructor) _____

Student _____ signature _____ date _____

Adviser _____

Instructor _____ full name and signature _____ date _____

Dep. Chair of the course/Vice-Dean for Academic Affairs _____ full name and signature _____ date _____

*Please make sure not to leave blank fields. It will prevent from proceeding your form.
*All forms should be submitted to the School Office of the course.

School administrator use only
Processed by: _____ Date: _____