



William B. Burnsed, Jr. Director, Mechanical, Aerospace and Biomedical Engineering

Request for Prerequisite Override

Use this form to request overrides for ME courses ONLY.

Student Last Name _____

Jag Number J00 _____

Student First Name _____

Jagmail address _____@jagmail.southalabama.edu

Advisor (Last Name) _____

Course for which the prerequisite is to be waived.

Course Number ME _____ Course Title _____

Term Fall Spring Summer Year: 20__

Instructor _____

List the prerequisite(s) you are requesting be waived. Indicate (9) if you will take the prerequisite concurrently.

1. _____
2. _____
3. _____

Explain why you are requesting the override(s).

Approvals:

Advisor _____ Date _____

Instructor _____ Date _____

Department Chair _____ Date _____

Comments: