REGISTRAR'S OFFICE



3315 University Drive Bismarck, North Dakota 58504 Phone: 701.221.1850

Fax: 701.530.0636 | registrar@uttc.edu

Petition for Prerequisite/Corequisite Override

STUDENT INFORMATION									
Last Name				First Name					
ID			Email						
Program of Study				Degree	☐ Diploma	☐ Certificate	□ AS	☐ AAS	□ BS
Department			Semester/Year						
Identify the course below that the student is requesting to register for without completing the pre/co requisite:									
Course #	Credit Hours		itle	Instructor Name					
Pre/Co requisite course(s) required for the course listed									
above for which this override is requested: Explanation: (If additional space is needed, please attach typed sheet)									
Instructor's justification for requesting pre/co requisite override: (If additional space is needed, please attach typed sheet)									
REQUIRED SIGNATURES									
Student Signat	ure:					Date:			
Academic Advisor Decision: Approved Disapproved									
Academic Advisor Printed Name:									
Academic Advi	sor Signature:					Date:			
VP of Academi	c Affairs Signatu	re:				Date:			
Submit completed form to Registrar's Office									

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