



COURSE PRE-REQUISITE OVERRIDE FORM

DIN: RUW-OR/REG-T-007
RN: 00
ED: 20/05/2012

Please note: If approved, you will only be registered for the selected course if places are still available at the time of registration by the Registrar's Office.

Student's name: _____ I.D. No.: _____

Academic year: _____ / _____ Semester: 1ST 2ND SUMMER

Complete the details of the course for which you wish to register:

	Course code	Section	Course title
E.g.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Give details of the prerequisite course(s) from which you wish to be exempt:

	Course code	Section	Course title
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Student: _____
Name (print) Signature / /20
Date (DD/MM/YYYY)

Dean: _____
Name (print) Signature / /20
Date (DD/MM/YYYY)

Registrar: _____
Name (print) Signature / /20
Date (DD/MM/YYYY)