

900 College Street | Box 8425 | Belton, Texas 76513 | (254) 295-4510 | Registrar@umhb.edu

## **Prerequisite Override Form**

Semester:	_ Year: _			
Please allowStudent name	(_	Student ID #	) ŧ	
to register for the following class	s with a prerequisite	e:		
Course:				
Dept prefix Course:	Irse # Section	#		
Please check or describe here wl	ny this waiver or ov	erride is being allo	wed:	
Student is currently in a prerest Student has completed the property yet reflected on the student's Other (explain here)	rerequisite course at stranscript.	another college or	university, but	it is not
Program Coordinator			Date	-
Associate Dean			Date	_
In situations that the Associate De	an is not applicable, i	the Dean will sign.		
After receiving the approval sign Office in order to register for the		should bring this fo	orm to the Regis	trar's