



**REQUISITE  
OVERRIDE**  
Revised Edition 7/31/19 JD

**Office of the Registrar**  
1570 Baltimore Pike  
Lincoln University, PA 19352  
484-365-8087:Phone 484-365-8116:Fax

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>Student ID#</b>

**COURSE(S) TO ENROLL**

COURSE NUMBER	SECTION	TERM e.g. Fall 2019	COURSE TITLE

**REQUISITE(S) MISSING**

COURSE NUMBER	COURSE TITLE

**I have completed the requisite(s) above through:**

- Coursework completed or in progress at another institution.  
Course(s) taken: \_\_\_\_\_
- AP/Placement test
- Taking concurrently
- Other (explain briefly): \_\_\_\_\_

**If a course was taken at another institution, proof of having passed the course must be on file in the Registrar's office prior to the first day of classes. If it is not, the student will be dropped from the class.**

**By typing your name in the signature box, you are agreeing that this electronic signature is the legal equivalent of your handwritten signature on this form.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**ACADEMIC APPROVAL**

ACADEMIC DEPARTMENT CHAIR APPROVAL

The student has met the requisite(s) for the course listed above for the reasons indicated. I authorize the override of the requisite, allowing the student to register for the course as long as the course is not full.

\_\_\_\_\_  
Academic Department Chair Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR ADMINISTRATIVE USE ONLY**

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_