



**GEORGIAN COURT UNIVERSITY**

THE MERCY UNIVERSITY OF NEW JERSEY

OFFICE OF THE REGISTRAR  
**Prerequisite Override Form**

Year: \_\_\_\_\_ Term: \_\_\_\_\_ Session: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID# \_\_\_\_\_ - \_\_\_\_\_

*Please allow the above student to register for the following class as an override for a prerequisite course:*

Course ID: \_\_\_\_\_ Section #: \_\_\_\_\_ Sub-Type: \_\_\_\_\_ Credits: \_\_\_\_\_

Instructor: \_\_\_\_\_

Please check ONE reason for the prerequisite override:

Student is currently enrolled in a prerequisite course at another college or university:

Institution: \_\_\_\_\_

Course Number: \_\_\_\_\_ Course Name: \_\_\_\_\_

Student has completed the prerequisite course at another college or university, but it is not an exact equivalent on the student's transcript.

Institution: \_\_\_\_\_

Course Number: \_\_\_\_\_ Course Name: \_\_\_\_\_

Other (please explain in detail)

\_\_\_\_\_  
\_\_\_\_\_

**After receiving the signature of the Department Chair in which the course is listed, the student MUST submit this Prerequisite Override Form to the Office of the Registrar in order to be registered for the course.**

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

\_\_\_\_\_  
Department Chairperson's Signature Date

<p><b>Office Use Only</b> Processed by: _____ Processed date: _____</p>
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