



The University of Texas at San Antonio

PREREQUISITE OVERRIDE REQUEST

Once all approvals are received, permission will be set for the student to register.

Date of request _____

For Semester/Yr: _____

Name: _____

My UTSA ID: _____

Degree/Major: _____ Minor: _____

Daytime phone: (____) _____ Email: _____

Student Request

Requested Course: _____ Prerequisite(s) Missing: _____
CRN SUBJ CRSE SEC

Students must attach a letter with justification or indicate their reasons for the request below.

Three horizontal lines for student justification.

Approval checkboxes: Approved, Disapproved, Approved with conditions.

Signature: _____ Faculty/Instructor Date _____

Approval checkboxes: Approved, Disapproved, Approved with conditions.

Comments box for Faculty/Instructor.

Signature: _____ Department Chair Date _____

For College of Business and College of Engineering courses, the Associate Dean must also review and approve.

Approval checkboxes: Approved, Disapproved, Approved with conditions.

Comments box for Associate Dean.

Signature: _____ Associate Dean Date _____

Submit completed form to Advising Administration in MS 3.02.10.

For Front Desk use only: Received date _____ time _____