



OFFICE OF THE REGISTRAR  
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**PRE-REQUISITE OR CO-REQUISITE OVER-RIDE REQUEST FORM**

DATE INITIATED	SEMESTER	YEAR
NAME	V- IDENTIFICATION NUMBER	SIGNATURE
MAJOR	MINOR or CONCENTRATION	LOCAL TELEPHONE NUMBER

Please list the course(s) for which you request a waiver or over-ride of the necessary pre-requisite or co-  
**80861**                      **PHIL**                      **280**                      **1**                      **3**  
 CRN                      SUBJECT                      NUMBER                      SECTION                      SEMESTER HOURS

1.

CRN	SUBJECT	NUMBER	SECTION	SEMESTER HOURS
REASON(s) FOR REQUEST (briefly stated rationale including the name of pre- and/or co-requisite course)				

2.

CRN	SUBJECT	NUMBER	SECTION	SEMESTER HOURS
REASON(s) FOR REQUEST (briefly stated rationale including the name of pre- and/or co-requisite course)				

INSTRUCTOR OF THE COURSE	SIGNATURE	DATE
ACADEMIC ADVISOR	SIGNATURE	DATE
DEPARTMENT CHAIRPERSON (where the course(s) is/are offered)	SIGNATURE	DATE