OFFICE OF THE REGISTRAR
P.O. Box 9217, Gandy Hall
Virginia State University, Virginia
23806
804-524-5275
registrar@vsu.edu

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-

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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