



William B. Burnsed, Jr. Department of Mechanical, Aerospace,
and Biomedical Engineering

Request for Prerequisite Override

Use this form to request overrides for ME courses ONLY.

Today's Date _____

Jag Number J00 _____

Student Last Name _____

Student First Name _____

Jagmail address _____@jagmail.southalabama.edu

Advisor (Last Name) _____

Course for which the prerequisite is to be waived.

Course Number ME _____

Course Title _____

Term:

Fall

Spring

Summer

Year: 20__

Instructor

List the prerequisite(s) you are requesting be waived. Indicate (✓) if you will take the prerequisite concurrently.

- 1. Will take concurrently
- 2. Will take concurrently
- 3. Will take concurrently

Explain why you are requesting the override(s).

Approvals:

Advisor _____

Date _____

Instructor _____

Date _____

Department Chair _____

Date _____

Comments: