

**Prerequisite Override Form
Purdue Polytechnic Statewide**

Name: _____ PUID: _____

Email: _____

Major: _____ Catalog Term: _____

Course: _____ Term: F Sp SU Year: _____

Instructor: _____

Required Course _____ Technical Selective _____ Free Elective _____

Prerequisite: _____
Prefix, Number, Title

Override Approved: _____ Override Denied: _____

Rationale for approval: _____

Student Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

SAA Signature: _____ Date: _____

myPurduePlan Note: _____