

Course Override Form
Purdue Polytechnic Institute Statewide

Student Name

Student Email

PUID

Major

Catalog Term

Course

Year

Fall

Spring

Summer

Instructor Name

Instructor Email

Is the course required or an elective?

Is the override for a pre-requisite or a restriction?

Required

Selective/Elective

Pre-requisite

Restriction

Pre-requisite for which the override is requested(prefix, number, & title):

Approved

Approved as Co-requisite

Denied *Note: a deny decision must also be documented*

Restriction for which the override is processed:

Rationale for Pre-requisite or Restriction Override

Note: pre-requisite override rationale must include reasoning/evidence of knowledge to support the student's success.

Student Signature: _____ **Date:** _____

For Restriction Override:

SAA/Advisor Signature: _____ **Date:** _____

For Pre-requisite Override:

SAA/Advisor Signature: _____ **Date:** _____

Instructor Signature _____ **Date:** _____

Date recorded in Boiler Connect: _____