Goodwin University

Permission to Override Pre-requisite

FACULTY/STAFF USE ONLY

Student's Full Name: _____

Student ID Number: _____

Program: _____

PLEASE WAIVE PRE-REQUISITE AND REGISTER STUDENT FOR:

Course Code: _____

Course Name: _____

Section #: _____ Semester: _____

Student Signature: _____ Date: _____

Director/Chair Signature: _____ Date: _____

Entered by: _____ Date Entered: _____