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

Request for Prerequisite Override for ME/AE courses only

Note you must have an overall GPA and an engineering GPA of 2.0 or higher to be eligible for an override.

Student Last Name _____ Student First Name _____

Jag Number J00 _____ Email _____@jagmail.southalabama.edu

Course for which the prerequisite is to be waived:

Course Number ME/AE _____ Course Title _____

Approval is only valid for indicated term below

Term (Circle One): Fall Spring Summer Year: 20

List the prerequisite(s) you are requesting be waived. In addition, write the semester/term you intend on taking the course.

1. _____ Semester/Term _____

2. _____ Semester/Term _____

3. _____ Semester/Term _____

Please explain the extenuating circumstances that necessitates the override. Simply stating that you need the class to graduate is not sufficient.

I understand failure to take the prerequisites will result in administrative withdrawal from the requested course. I further understand that if I fail any prerequisite, or do not achieve the minimum specified grade(s) for the prerequisite(s), I will be required to repeat it (them) until I achieve the minimum grade required.

Student _____ Date _____

==========STOP HERE (administrative use only)==========

Approval Signatures (Please sign, date and circle Approve or Deny)

Advisor _____ Approve Deny Date _____

Instructor _____ Approve Deny Date _____

Department Chair _____ Approve Deny Date _____