



Oakwood University Course Override Form

Name: _____ ID#: _____ Classification: FR SO JR SR
Major (s): _____ GPA: _____ Term: FALL 20____ SPR 20____
OU E-mail: _____@oakwood.edu Contact Phone: _____

1. (Pre-Requisite) Course No. _____ Course Title: _____
Desired Course No. _____ Course Title: _____
2. (Pre-Requisite) Course No. _____ Course Title: _____
Desired Course No. _____ Course Title: _____

Student Signature: _____ Date: _____

I have carefully reviewed the Student's Academic Record and authorize the Registrar's Office to override the pre-requisite for the above-mentioned student for the FALL 20____ SPR 20____ session.

Advisor Signature: _____ Date: _____

Dept. Chair Signature: _____ Date: _____

Registrar Signature: _____ Date: _____