



FOR OFFICIAL USE: OFFICE OF THE REGISTRAR

DATE ENTERED: _____

ENTERED BY: _____

Bethune-Cookman University

Override Form

Co-Requisite

Pre-Requisite

PLEASE PRINT CLEARLY (ONE FORM PER COURSE)

B-CU ID#: _____

DATE: _____

YEAR/TERM: _____

STUDENT NAME: _____

COURSE TITLE: _____

COURSE PREFIX: _____ **COURSE NO.:** _____ **COURSE/LAB SECTION:** _____

AUTHORIZATIONS FOR OVERRIDE

STUDENT: _____

DATE: _____

ADVISOR / STUDENT SUCCESS COACH: _____

DATE: _____

ACADEMIC DEAN: _____

DATE: _____

This form must be received, date stamped, and initialed by a staff member of this office by the posted deadlines on the University Academic Calendar.