

WEST LIBERTY UNIVERSITY – Pre-Requisite Override Form

WINS ID Number

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Student Name

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Last Name

First Name

CRN#	DEPT	COURSE #	COURSE DESCRIPTION	INSTRUCTOR SIGNATURE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Student Signature _____ Date **Instructor and Chair signature is required.**

Chair Signature _____ Date **Approval is not final until signed by College Chair (or designee)**

Please print out and get signatures required before bringing to Enrollment Service Center in Shaw Hall Room 121 for processing.