WEST LIBERTY UNIVERSITY – Pre-Requisite Override Form

WINS ID Number | | | | | | | | | |

Student Name

Last Name _____ First Name _____

Required Pre-Requisite or Restriction: _____

CRN#	DEPT	COURSE #	COURSE DESCRIPTION
_____	_____	_____	_____
_____	_____	_____	_____

_____ _____
Student Signature Date

_____ _____
Dean/Chair/Program Director Signature Date

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