



## Instructor Request for Pre-Requisite Override

Blue Mountain Community College  
2411 NW Carden, P.O. Box 100  
Pendleton, OR 97801  
(541)278-5930 Office of Instruction  
(541)278-5173 Fax  
[www.bluecc.edu](http://www.bluecc.edu)

### Instructions:

1. **Complete** Section A: Student Information
2. **Complete** Section B: Transfer Course Information
3. **Sign request: The student and Instructor must sign the request.**
4. **Submit** request to Office of Instruction for VP of Instruction approval. The Office of Instruction will then forward the request to Student Records for processing.

Allow 24 to 48 hours for processing. Students will be notified by email when their request has been processed.

### SECTION A: Student Information

BMCC Student ID Number: \_\_\_\_\_ - \_\_\_\_\_ OR SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

### SECTION B: Pre-Requisite Course Information

1. Pre-Requisite course required: \_\_\_\_\_ (Course Number: ex: BA104)
2. Registering for BMCC Course: \_\_\_\_\_ (Course Number: ex: BA104)
3. Term you are requesting override for: (Select One)  
 Summer \_\_\_\_\_  Fall \_\_\_\_\_  Winter \_\_\_\_\_  Spring \_\_\_\_\_
4. Reason for Request:  
 Prior work experience  Course being taken as co-requisite  
 Other: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_

Instructor: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_

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### *Office of Instruction*

Vice President of Instruction: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_

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### *Student Records*

Date Received: \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_ Processed by: \_\_\_\_\_  
Date Student Notified: \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_ Notified by:  Email  Phone

*Blue Mountain Community College is an equal opportunity educator and employer.*