Students that do not meet the pre-requisite requirements for a course may be allowed to register for that course by course instructor approval only.

To request an override:
- **Student**: Complete the Student/Course Information section, sign form, and take the form to the instructor of the course you would like to enroll in.
- **Course instructor**: Review the request and if approved, submit the form to the VP, OI (or their designee).
- **VP, OI (or designee)**: Review form. If approved, submit to Registrar’s Office for processing.

*Students will be notified by email when their request has been approved and processed. Forms will not be processed unless the course number and section number are complete.*

**Student/Course Information**:  
BMCC Student ID Number: ________ - ________

Last Name: ________________________  
First Name: ________________________

Course ID and Section number you would like to enroll in: ________ - ________  *(Example: PSY201-04)*

Course Instructor Name: ________________________________________________

Prerequisite course requirement not met for this course: ____________________  *(Example: WR115)*

Term course will be taken:  
Summer _____  
Fall _____  
Winter _____  
Spring _____

Reason for Request:  
☐ Prior work experience  
☐ Course being taken as co-requisite

☐ Other: _____________________________________________________________

**Student Consent Agreement**: By signing below, I consent to be registered for the course indicated above; and understand and agree that I will be responsible to pay all charges (including collection costs) incurred if the non-paid tuition and fees are referred to an outside collection agency.

Student Signature: ________________________  
Date: ________/______/20_______

**COURSE INSTRUCTOR APPROVAL**:  
Course Instructor Signature: ________________________  
Date: ________/______/20_______

**Office Use**:  
APPROVAL (VP, OI or Designee Signature Required)

VP, OI or designee: ________________________  
☐ Approved  ☐ Denied

**Student Records**:  
Date Received: ____________  
Processed by: ____________________________________________