

**TRANSFER CREDIT --CONDITIONAL OVER-RIDE REQUEST
FORM**

PRE-REQUISITE OVER RIDE requests for students who have taken prerequisite course(s) at other universities but not TRANSFERRED these credits to CCSU YET

STUDENT _____

STUDENT NUMBER _____

COURSE _____ SECTION _____ TIME _____

CURRENT DATE AND TIME _____

DID YOU MEET WITH YOUR ADVISOR THIS SEMESTER BEFORE REGISTRATION?

YES ___ NO ___

ADVISOR SIGNATURE _____

DID YOU REGISTER DURING THE ASSIGNED REGISTRATION PERIOD? YES ___ NO ___

UNIVERSITY ATTENDED _____

COURSE NUMBER AND NAME _____

ATTACH A COPY OF THE CATALOG DESCRIPTION OF THE COURSE AND YOUR SYLLABUS FROM THAT COURSE

ATTACH AN UNOFFICIAL TRANSCRIPT FROM THE PIPELINE AND HIGHLIGHT THE PREREQUISITES FOR THE COURSE.

MARKETING CHAIR CONDITIONAL APPROVAL

_____ Date _____