



The University of Texas at San Antonio

PREREQUISITE OVERRIDE REQUEST

Once all approvals are received permission will be set for the student to register.

Date of request _____ For Semester/Yr: _____

Name: _____ myUTSA ID: _____

Degree/Major: _____ Minor: _____ Catalog: _____

Daytime phone: (____) _____ Email: _____

Student Request
Requested Course: _____ Prerequisite(s) Missing: _____
CALL # DISC CRSE SEC

Students must attach a letter with justification or indicate their reasons for the request below.

Approved Disapproved Approved with conditions:

Signature: _____ Faculty/Instructor _____ Date

Approved Disapproved Approved with conditions:

Signature: _____ Department Chair _____ Date

For College of Business courses, the Associate Dean must also review and approve.

Approved Disapproved Approved with conditions:

Signature: _____ Associate Dean _____ Date

For Front Desk use only: Received date _____ time _____

Submit completed form to Undergraduate Studies Support & Technology Services in MS 2.02.18