



**REQUISITE
OVERRIDE**
Revised Edition 06/17/2026 AM

Office of the Registrar
1570 Baltimore Pike
Lincoln University, PA 19352
484-365-8087:Phone

| | | | |
|------------------|-------------------|-----------------------|--------------------|
| Last Name | First Name | Middle Initial | Student ID# |
| _____ | _____ | _____ | _____ |

COURSE(S) TO ENROLL

| COURSE NUMBER | SECTION | TERM e.g. Fall 2019 | COURSE TITLE |
|---------------|---------|------------------------|--------------|
| | | | |
| | | | |

REQUISITE(S) MISSING

| COURSE NUMBER | COURSE TITLE |
|---------------|--------------|
| | |
| | |

I have completed the requisite(s) above through:

- Coursework completed or in progress at another institution.
Course(s) taken: _____
- AP/Placement test
- Taking concurrently
- Other (explain briefly): _____

If a course was taken at another institution, proof of having passed the course must be on file in the Registrar's office prior to the first day of classes. If it is not, the student will be dropped from the class.

By typing your name in the signature box, you are agreeing that this electronic signature is the legal equivalent of your handwritten signature on this form.

| | |
|-------------------|------|
| Student Signature | Date |
|-------------------|------|

ACADEMIC APPROVAL

ACADEMIC DEPARTMENT CHAIR APPROVAL

The student has met the requisite(s) for the course listed above for the reasons indicated. I authorize the override of the requisite, allowing the student to register for the course as long as the course is not full.

Academic Department Chair Name (please print)

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

FOR ADMINISTRATIVE USE ONLY

Entered by: _____ Date: _____