

General Pre-Requisite Override Request Form

All students requesting a prerequisite override for a UNM course (that allows overrides) because they are either (1) currently enrolled in the pre-requisite course at another institution or (2) transferring credit for the complete pre-requisite from another institution must complete this form and provide physical documentation, such as a copy of a transcript and/or a schedule showing the In Progress course to the advisor completing the form or (3) have new placement test scores not yet in the system.

Overrides will not be given without documentation and signature from the referring advisor.

The following is to be completed by the student:

Printed Student Name: _____ Banner ID: _____

Student's UNM Email: _____ Student's Phone Number _____

Student's Initials	Student agrees to the following statements.
	I understand that the override given for my In Progress course (unofficial placement scores or transfer credit from another institution) is valid only for the semester stated above on the form.
	I understand that I am responsible for making sure that official transcripts proving successful completion of the prerequisite course or new official placement scores have been received and added to my official student record prior to the start of the selected semester.
	I understand that if I do not successfully complete the pre-requisite course with a C or better (see UNM catalog for requirements) or if I do not transfer the earned credits/scores by the given deadline, that the Advisement office will have me (1) dropped from the course that I was given the override for and (2) the override will be removed from my record.
	I understand that dropping/disenrollment from the course could have an impact on my financial aid and it is my responsibility to work with the Financial Aid Office to determine the most appropriate action for my situation.

The following is to be completed by the referring advisor: I certify that I have seen the student's In

Progress registration, unofficial test scores, or transcript from another institution.

Advisor Print Name: _____ Advisor's Signature: _____ Date: _____

Semester Requesting Override for: Fall Spring Summer 20_____

Override given for (course name & number): _____ Pre-Req. needed (course name & number): _____

Name of Other Institution: _____ New placement score of : _____

In Progress Date to be completed: _____ or Credit earned semester & grade _____

Pre-req. registered for (course name & number): _____ UNM Equivalent: _____

Who provided override? _____ Date override recorded: _____