Permission to Take a Course Out of Sequence
Permission to Take a Course as a Co-Requisite

In rare instances, and in the event of compelling reasons, a student may need to take a course out of sequence or take the course as a co-requisite (e.g., take a course that is a higher numbered course before taking the lower-numbered prerequisite course or take both at the same time).

Students seeking permission to take either of these actions MUST obtain permission of the course instructor(s) and the department chair. The student will submit the form in person to the Registrar’s Office, Lee Hall 206, during his or her appropriate registration time.

Name _______________________________________________ ID Number: 000___________________
Signature ___________________________________________ Term ________________ Date ________________

Please select the appropriate reason for taking this course out of sequence or taking the course as a co-requisite.

____Major Status    ____Senior Status    ____Junior Status    ____Transfer Credits Pending    ____Other

Course to be taken Out of Sequence or as a Co-Requisite

Course CRN Number __________________________ Course Discipline &Number (e.g. BIOL 260)____________
Course Title _________________________________ Instructor (Print)________________________
Instructor’s Signature __________________________ Date __________________________

Course to be taken Out of Sequence or as a Co-Requisite

Course CRN Number __________________________ Course Discipline &Number (e.g. BIOL 260)____________
Course Title _________________________________ Instructor (Print)________________________
Instructor’s Signature __________________________ Date __________________________

Course to be taken Out of Sequence or as a Co-Requisite

Course CRN Number __________________________ Course Discipline &Number (e.g. BIOL 260)____________
Course Title _________________________________ Instructor (Print)________________________
Instructor’s Signature __________________________ Date __________________________

Department Chair’s Signature __________________________ Date __________________________
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