



Students: fill out Section 1 and Section 2 and return the completed form, signed by instructor(s) to CGCC Student Services

Section 1

CGCC Student ID# _____ - _____ Student Name _____

Date _____ Student Signature _____

Section 2

Course Information

Term/YR	CRN	Course Name	Prerequisite Override Reason	Instructor Signature
<i>Fall 2015</i>	<i>1085555</i>	<i>Art 253: Ceramics</i>	<i>Student demonstrates sufficient skill for this class</i>	<i>Bob Ross</i>

Section 3

This section for Institutional use only.

Approved Denied Added by _____ Date _____

Reason for Denial or other notes: _____

