Prerequisite Override Form

Instructions: Students should complete Sections 1 and 2, obtain the required instructor signature(s), then email the completed form to studentservices@cgcc.edu or return a printed copy to CGCC Student Services. Instructor approval may also be emailed directly to Student Services in place of a signature.

Section 1

CGCC Student ID# __ __ __ __ __ __ __ __ Student Full Name _____

Date _____ Student Signature _____

Section 2

Course Information

Term/Year	Course Name	Prerequisite Override Reason	Instructor Signature
Example: *Spring 2027*	*ART253: Ceramics*	*Student demonstrates sufficient skill for this class*	Bob Ross

Section 3

This section for Institutional use only.

☐ Approved ☐ Denied Uploaded to Student Record By _____ Date _____

Reason for Denial or other notes: _____

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