NORTHSHORE
TECHNICAL COMMUNITY COLLEGE

Student Course Override Form

Last Name	First Name	Semester/Year

LoLA ID Number	Program	Campus/Site

Course Request for Authorization	
Prerequisite Verification	_____ **Associate Provost Signature** *or designee*
Co-requisite Verification	_____ **Associate Provost Signature** *or designee*
Permission for overflow into a full course	_____ **Campus Dean Signature** *or designee*

Schedule Request for Authorization	
Permission to schedule over 15 credit hours fall/spring or over 9 credit hours summer	_____ **Associate Provost Signature** *or designee*

NOTE: A previous failing grade or audit in the same course cannot be used in lieu of a passing grade in the prerequisite course. Student schedule must be attached to this form.

Student Acknowledgement
I understand that I have been placed in this course on the stipulation that I produce valid documentation of having successfully passed the prerequisite and/or co-requisite requirements, and that my failure to present those documents to the instructor by the end of the add/drop period may result in my withdrawal from the class(es) without refund of tuition and fees.

_____	_____
Student Signature	Date