

## **Northshore Technical Community College**

## **Student Course Override Form**

Last Name	First Name	Middle Initial
LoLA ID Number	Current Semester & Year	Major
Cumulative GPA	Total Credit Hours Completed	Campus/Site
Course Request for Authorization		
Prerequisite Verification		Faculty Member Signature
	-	Divisional Dean Signature
Co-requisite Verification		Faculty Member Signature
		Divisional Dean Signature
Permission for overflow into a full course		Faculty Member Signature
		Divisional Dean Signature
Schedule Request for Authorization		
Permission to schedule over 15 credit hours fall/spring or over 9 credit hours summer		Faculty Member Signature
		Divisional Dean Signature
prerequisite course. Student schedu  Student Acknowledgement I understand that I have been placed	ule must be attached to this form.  d in this course on the stipulation t equisite and/or co-requisite require the end of the add/drop period m	used in lieu of a passing grade in the hat I produce valid documentation of ements, and that my failure to present ay result in my withdrawal from the
Student S	ignature	Date