

Department of Aviation
Petition for Waiving Course Prerequisites/Override Request



Directions: Students should fill out the appropriate fields on this page and print the entire document. Do not sign this application until you have submitted this form to your aviation advisor.

Last Name	First Name	Middle Initial	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Local Address	Apt.		
<input type="text"/>	<input type="text"/>		
City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
HuskyNet Email Address	Area Code + Phone	Tech ID#	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Major Specialization	Last Semester GPA	Cumulative GPA	Year in School
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pre-Major Courses Complete?	Admitted to Major?	Advisor	Est. Grad. Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Student is Requesting to Enroll in the Following Course

Course/Section/ID (e.g., AVIT 103-01, ID 001006) See Records & Reg.	Term (e.g., Fall 09)	Code (Faculty)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Briefly Explain Your Reason(s) for this Request

STOP!

Do NOT Sign Page 2. Print this Entire Document & Bring it to Your Advisor.

Student Release

I certify the information I am submitting is true and correct. I authorize my advisor to release my academic records to my course instructor (upon the instructor's written request) to verify the accuracy of the information on this petition. I understand that providing false information is a violation of the student code of conduct which may result in the denial of my request and further sanctions may be brought against me including, but not limited to, being administratively dropped from a class in which I received an override into or I may receive a failing grade for the course.

Student's Signature: _____ Date Signed by Student: _____

Student's Printed Name: _____

The Following Section Must be Filled Out by the Student's Advisor

The advisee's academic record has been reviewed and it appears consistent with the information presented in this petition.

Optional Comments (or enter NONE on this line): _____

Advisor's Signature: _____ Date Signed by Advisor: _____

Advisor's Printed Name: _____

The Following Section is to be Filled out by the Student's Course Instructor*

_____ *The student's petition has been reviewed and I approve the override into my class.*

_____ *The student's petition has been reviewed and I disapprove the override into my class.*

Optional Comments (or enter NONE on this line): _____

Instructor's Signature (ss): _____ Date Signed by Instructor: _____

Instructor's Printed Name: _____

* Required if the student is requesting an override into a class.

Code	Reason
03	Late Add
12	Permission Required
13	Course is Full
19	Not in Major
22	Time Conflict*
58	Must Pass Test/Satisfy Prerequisites

*Override needs to be emailed directly to Records & Registration

This Petition is Not Valid Unless Signed by the Student and Advisor