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Bethune-Cookman University
STUDENT SUCCESS CENTER

Override Form

Co-Requisite

Pre-Requisite

PLEASE PRINT CLEARLY (ONE FORM PER COURSE)

B-CU ID#: _____

DATE: _____

YEAR/TERM: _____

NAME: _____

COURSE TITLE: _____

COURSE PREFIX: _____ **COURSE NO.:** _____ **COURSE/LAB SECTION:** _____

AUTHORIZATIONS FOR OVERRIDE

STUDENT: _____

DATE: _____

STUDENT SUCCESS COACH: _____

DATE: _____

ACADEMIC DEAN: _____

DATE: _____