

**COURSE PRE-REQUISITE OVERRIDE AUTHORIZATION FORM
ARIZONA STATE UNIVERSITY
SCHOOL OF COMPUTING AND INFORMATICS
BIOMEDICAL INFORMATICS DEPARTMENT**



PLEASE PROVIDE THE FOLLOWING INFORMATION:

Last Name	First Name	M.I.	Student ID No.
Phone	E-mail Address	Major	
Course Override Requested for:			
Schedule Line Number	Course Prefix and Number	Semester	

INSTRUCTIONS TO STUDENT

1. Please review the course descriptions for the for the course you would like to enroll in, as well as the prerequisites
2. Provide a written statement of why you believe you are prepared to enter the course
3. Fill out form and have faculty review documentation. If approved bring to SCI Advising Center in Brickyard Ste. 208 for processing. An email will be sent to you upon completion.

STUDENT'S WRITTEN STATEMENT (REQUIRED):

INSTRUCTIONS TO THE BMI INSTRUCTOR:

Please indicate below the reason you are issuing the student an override. Your signature below indicates you have reviewed the student's record to verify his/her appropriate preparation for the BMI course.

INSTRUCTOR'S REASON FOR OVERRIDE:

Faculty Name (Printed)	Date
Faculty Signature	Date
Student	Date