

UAMS OFFICE OF THE UNIVERSITY REGISTRAR
PRE-REQUISITE OVERRIDE FORM FOR STUDENT ADMINISTRATIVE ENROLLMENT

Section to be completed by the student

DATE _____

STUDENT NAME _____

STUDENT ID NUMBER _____

ZIP CODE of location where student will be when logging into the online class _____

CLASS PREFIX AND NUMBER _____

CLASS NAME _____

STUDENT SIGNATURE/APPROVAL:

By signing this form you understand you will be administratively enrolled in the class and will be responsible for any financial obligations.

Section to be completed by Instructor

INSTRUCTOR JUSTIFICATION FOR ENROLLING STUDENT WITHOUT MEETING PRE-REQUISITES OF THE COURSE:

INSTRUCTOR SIGNATURE/APPROVAL:

Please return completed form to one of the following:

1. Send an email to: registrar@uams.edu
2. Fax to 501-526-3220
3. Mail to: Office of the University Registrar; 4301 W. Markham, #767; Little Rock, AR 72205