

**OFFICE OF THE UNIVERSITY REGISTRAR  
PRE-REQUISITE OVERRIDE FORM FOR ENROLLMENT**

DATE \_\_\_\_\_

STUDENT NAME \_\_\_\_\_

WORKDAY ID NUMBER \_\_\_\_\_

TERM \_\_\_\_\_ COURSE PREFIX AND NUMBER \_\_\_\_\_

CLASS NAME \_\_\_\_\_

**JUSTIFICATION FOR ENROLLING STUDENT WITHOUT MEETING**

**PREREQUISITES:**

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**INSTRUCTOR SIGNATURE/APPROVAL:**

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**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**