

CCP Prerequisite Override Form (for Math or English Placement)

Stude	ent Name	
High :	School	
Eligil indic	student has achieved the qualifying scores required bility and has tested at least once in the required plateted course(s). This student is requesting an override the sults.	cement measure for the
	Recommendation is provided by the high school counselor <u>and</u> English or mathematics instructor, as related to the course in question.	
	is our recommendation that this student be enrolled in the ased upon his/her: (Check all that apply)	he following course(s)
	GPA Demonstrated performance in similar coursework End of course examinations Non-cognitive factors	
	Counselor name	
	Counselor signature	Date
	HS Mathematics Instructor name	
	HS Mathematics Instructor signature	Date
	NCSC course number/title	
	HS English Instructor name	
	HS English Instructor signature	Date
	NCSC course number/title	
Return completed form to: NC State College (CCP) via Fax: 419-755-4757 or email ccp@ncstatecollege.edu.		
	NCSC Advisor Initial Date Advisor: Send the co	ompleted form to Student Record's Office