

STUDENTS PREREQUISITE EXEMPTION FORM

This form must be filled out by the student and all signature must be present before consideration of registration of course

Advisor Name: -----

Student Name ----- Student ID# -----

Department ----- Level -----

Academic year ----- Semester -----

GPA ----- Expected graduation date -----

Date -----

Please indicate the course in which you would like to register for:

Course title	Course number	Prerequisite course

Have you taken the Prerequisite course?

- No
 Yes

If yes, please indicate course grade: -----

Why are you applying to register this course?

Academic advisor Recommendations:

Course instructor name:

Department chair name:

Vice Dean name:

Course instructor signature:

Department chair signature:

Vice Dean signature:

Disclaimer: completing this form does not mean registration of the course. The academic advisor will inform the student of approval or rejection.

CC: *Academic Vice Dean
*Student File