



Course PreRequisite Waiver Request Form

Office of the Registrar

9700 West Taron Drive | Elk Grove, CA 95757

CNRegistrar@cnsu.edu | (F) 916-686-8432

Forms are available at: <http://www.cnsu.edu/office-of-the-registrar>

INSTRUCTIONS Save this PDF to your computer, open using [Adobe Reader](#), complete, print, sign and submit to the Office of the Registrar.

Students are expected to complete all prerequisites and meet all course restrictions prior to enrolling in courses that have a prerequisite requirement. If the prerequisite for the course has not been satisfied, students must obtain permission from the course director/coordinator of record to authorize enrolling for the course.

Prerequisites are courses which must be completed prior to enrollment in the subsequent course to ensure adequate preparation.

Instructions: After obtaining approval from the authorized faculty member or administrator, please submit the signed form to the Office of the Registrar.

STUDENT INFORMATION *(to be completed by the student)*

Name: _____
First Middle Last

Student ID #: _____ Exp. Completion/Class of: _____ CNU email: _____

Complete the following information:

List the name of the Pre-req. course completed	Name of course you are requesting to enroll	Course Prefix	Course Number	# of credits

Semester Course is being offered: Summer Fall Spring Year: _____

I have completed the prerequisite for the above course through:

- Coursework successfully completed at another College or University *(official transcript received)*
- AP/ IB Placement Test *(official scores received)*
- Instructor Approval
- Other *(explain briefly)*: _____

Student Signature: _____ Date: _____

FACULTY MEMBER OR ADMINISTRATIVE APPROVAL ONLY

The student has met the prerequisite(s) for the course listed above for the reasons indicated. I authorize the Registrar's Office to waive the prerequisite block, allowing the student to register for the course.

 Designated Faculty Member Name *(please print)*

 Designated Faculty Member Signature/Date

 Designated College Administrator Name *(please print)*

 Designated College Administrator Signature/Date

OFFICE OF THE REGISTRAR USE ONLY

Date Received: _____ Date Processed: _____ Processed By: _____ 10/27/2017 OR