



## Course PreRequisite Waiver Request Form

Office of the Registrar

9700 West Taron Drive | Elk Grove, CA 95757

Registrar@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