MarymountManhattan
a college of the liberal arts

Request for Waiver of Pre-Requisite

☐☐☐ - ☐☐ - ☐☐☐☐

Social Security Number

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Last Name

☐☐☐☐☐☐☐☐☐☐☐☐ ☐

First Name **MI**

TERM/YEAR:

☐ Fall _____ ☐ January _____ ☐ Spring _____ ☐ Summer I/II _____

Please waive the following pre-requisite(s):

_____

in order that the above named student may register for the following course(s):

☐☐☐☐☐ ☐☐☐ ☐☐ _____

Department Number Section Title

☐☐☐☐☐ ☐☐☐ ☐☐ _____

Department Number Section Title

_____ _____

INSTRUCTOR/DEPARTMENT CHAIR SIGNATURE DATE

OFFICE USE ONLY

Received by: _____ **Date:** _____