

ROWAN UNIVERSITY PREREQUISITE WAIVER

(One course waiver per form)

Rowan ID: _____

TERM: _____

Name: _____
(last) (first)

CRN: _____ Course number: _____ Course title: _____

The following prerequisite(s) has/have not been satisfied for the course listed above:

Course number:	Course title:
_____	_____
_____	_____
_____	_____
_____	_____

Detail the reason(s) for the above waiver request:

Student's signature

Date

Signature of Professor
of the Course

Professor's Printed Name

Date

Signature of Department
Chairperson of the Course

Chairperson's Printed Name

Date