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 Instructor Teaching the Course* Instructor's Printed Name Date

_____ _____ _____
Signature of Department Chair Where Course Resides* Chairperson's Printed Name Date

***Please note**: the required signatures pertain to the course in which the student wishes to register, not to the pre-requisite course(s) that is(are) being waived. The instructor's signature is **not** required for initial placement decisions made on the basis of standard performance measures such as placement examinations or portfolio reviews.