

# ROWAN UNIVERSITY PREREQUISITE WAIVER

(One course waiver per form)

Rowan ID: \_\_\_\_\_

TERM: \_\_\_\_\_

Name: \_\_\_\_\_  
(last) (first)

CRN: \_\_\_\_\_ Course number: \_\_\_\_\_ Course title: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

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Signature of Professor  
of the Course

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Professor's Printed Name

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Date

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Signature of Department  
Chairperson of the Course

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Chairperson's Printed Name

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Date