REQUEST FOR WAIVER OF PREREQUISITE OR COREQUISITE

Student Name __________________________ Date __________________

NIU ID# __________ Local Telephone # __________ E-mail: __________

I wish to enroll for:  
(Course Number) (Course Title)

Name and number of required Prerequisite Course(s) not yet completed:

(Course Number) (Course Title)
(Course Number) (Course Title)
(Course Number) (Course Title)

--OR--

Name and number of the required Corequisite Course in which you do not wish to enroll:

(Course Number) (Course Title)

Waivers of prerequisites and co-requisites are considered only in truly exceptional circumstances. State the reason(s) you are requesting a waiver of required PRQ or CRQ course work. Attach additional pages if necessary.

OFFICE USE ONLY
WAIVER GRANTED: YES ___ NO ___ ______________________
Assistant Director's Signature