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.