

SUFFOLK COUNTY COMMUNITY COLLEGE

PREREQUISITE WAIVER REQUEST FORM

All students will need to verify that they have met course prerequisites before they will be permitted to register for courses that have prerequisite requirements.

Student's Name _____ Date of Request _____

Student ID _____ Phone # _____ Term _____

College Email Address/Other Email Address _____

1. Request permission to register for: Subject _____ Course # _____
(ex: ENG) (ex: 101)
Prerequisite course(s) required for course listed above (as stated in the most current Suffolk County Community College catalog): _____

2. Request permission to register for: Subject _____ Course # _____
(ex: ENG) (ex: 101)
Prerequisite course(s) required for course listed above (as stated in the most current Suffolk County Community College catalog): _____

3. Request permission to register for: Subject _____ Course # _____
(ex: ENG) (ex: 101)
Prerequisite course(s) required for course listed above (as stated in the most current Suffolk County Community College catalog): _____

Matriculated Students:

Approved: _____ Denied: _____

Rationale for Decision:

Authorized Signature _____ Date _____

Non-Degree Students*:

*Non-degree students require approval from an Academic Dean, as outlined in the New Registration Policy Regarding Prerequisites for Non-Degree Students. Unofficial transcripts are acceptable for non-degree students.

Approved: _____ Denied: _____

Rationale for Decision:

Authorized Signature _____ Date _____

Submit all prerequisite documentation with this form.
This request cannot be processed without this information.

White: Campus Registrar Yellow: Approving Office Pink: Student Copy Processed by: _____ Date _____