

Prerequisite Clearance Form

Term: FALL ____ SPRING ____ SUMMER ____ YEAR: ____

Personal Information			
Student No.		Dept.	
Name		Cell Phone	
email			
Course I am trying to take (Only 1 course per form)			
Course No.		Instructor	
Course Title			
The prerequisite courses I wish to clear			
I would like to use the following to clear a prerequisite. (Provide supporting documentation) <input type="checkbox"/> Coursework completed at another university <input type="checkbox"/> Coursework completed during undergraduate period <input type="checkbox"/> Knowledge or Skills Acquired Through Alternate Means <input type="checkbox"/> Other			

SIGNATURE

Department director

Student's signature

- Please deliver this form and documentation to the department in person. (Email available during epidemic prevention period).
- Submission Deadline: The last day of Add-or-Drop Selection. It takes 3-5 business days for your request to be processed. We encourage you to submit the Clearance Request Form well before the due date.
- You are eligible to select online during the current semester's course selection period when the prerequisite has cleared.