

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): \_\_\_\_\_

Below Is for Office Use Only

Matriculated Students: Approved Denied

Rationale for Decision: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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.

Send information to one campus only:

Ammerman Campus
Associate Dean's Office
Ammerman Building - 200A
Phone: (631) 451-4097
prereqsa@sunysuffolk.edu

Eastern Campus
Associate Dean's Office
Peconic Building - 224
Phone: (631) 548-2560
prereqse@sunysuffolk.edu

Michael J. Grant Campus
Office of the Associate Dean
Caumsett Hall - H100
Phone: (631) 851-6750
prereqsg@sunysuffolk.edu

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_