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.

Please submit to ONE CAMPUS only.

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

Rev. 5/06/13