



Yeshiva University

OFFICE OF THE REGISTRAR • ISRAEL HENRY BEREN CAMPUS

215 Lexington Avenue, 6th Floor | New York, New York 10016 | Phone 212 340 7777 | Fax 212 340 7837 | E-mail berenregistrar@yu.edu

Request for Waiver of Prerequisite

This form is to be filled out by the student in advance of registration. After your request has been approved by the instructor of the course and the Dean's Office, please bring this form prior to your registration time to the Registrar's Office to have the Waiver of Prerequisite entered onto your account. Then you may register for the course during your registration time.

I. TO BE FILLED OUT BY THE STUDENT

Student's name: _____ YU ID #: _____

Mailing address: _____

(If Dormitory, Building & Room) _____

Phone: _____ Email: _____

Current class: FR SO JR SR Major(s): _____

I hereby request permission to enter the following course:

Course	CRN	Dept.	Course #	Section	Title	Instructor
_____	_____	_____	_____	_____	_____	_____

Without the prescribed prerequisite of: _____

Reason for this request: _____

Student's signature: _____ Date: _____

Student submits form to the instructor of the course.

II. TO BE FILLED OUT BY THE INSTRUCTOR OF THE COURSE

Recommendation by the instructor: Rejected
 Approved (please check one)
 The student should be permanently excused from this prerequisite
 The student must complete prerequisite at a later date
 The student must take the prerequisite simultaneously with the course

Reason for the above recommendation: _____

Instructor's signature: _____ Date: _____

Instructor returns form to student to submit to the Dean's Office

III. ACTION BY OFFICE OF THE DEAN

Approved Denied Comments: _____

Advisor/Dean's signature: _____ Date: _____

Dean's Office returns form to student to submit to the Registrar's Office.

IV. OFFICE OF THE REGISTRAR

Comments: _____

Registrar's signature: _____ Date: _____