**Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department of Biology**

**PRE-REQUISITE WAIVER**

**Class Standing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Freshman,Sophomore, Junior, Senior)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Name (FIRST & LAST) CUNYfirst ID #**

 **(Not Your SS#)**

**Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**QC E-mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­**

**I am requesting a pre-requisite waiver in order to take the following course(s).**

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** | **Section** | **Course #** | **Course Title** |
| **LEC** | **LAB/REC** | **LEC** | **LAB/REC** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Student Signature Date

**I’ve reviewed the transcript(s) of the student above, and hereby give permission for this student to take my course without taking the required pre-requisite(s).**

Professor Name (please print)

Professor Signature Date