SCHOOL OF SCIENCE

Pre-Requisites Form

Semester: Su	mmer	Fall	Spring		Year		
Please allowLast			_ ,	First			MI
Student HI ID #		Classification _			Graduating	Υ	N
To enroll in Title:		Course Title					_
_	Course #	, CRN #	Course	#	,CRN#		
Phone #: ()	-		HU Email:				
Student Signature							
Please attach docun	nentation (includ	ing class schedule	e) if you are not a	graduat	ting senior.		
The student has satis	sfied the pre-req	uisites for the cou	rse by:				
Chairperson							
Dean, School of Sci	ience						

NOTE

The student is responsible for (1) taking this form to the department in which the course is being offered, (2) obtaining the proper signatures and, finally (3) returning this form to the Registrar's Office after obtaining approval.