

Chaminade University Of Honolulu

Pre-Requisite Waiver

DATE: _____

I have reviewed the academic record of _____
(Student name and SSN)

and hereby waive the pre-requisite of _____

for _____
(enrolled course)

Justification: _____

 Instructor's Name (print)

 Instructor's Signature

Approval / Disapproval	
UNDERGRADUATE	GRADUATE
APPROVED YES () NO ()	APPROVED YES () NO ()
Division Chair (signature)	Graduate Program Director (signature)
APPROVED YES () NO ()	APPROVED YES () NO ()
Associate Provost (signature)	Division Chair (signature)
	Executive Vice President and Provost (signature)

Submit Completed Form to Registrar

Revised: 1/15/2002—Office of the Registrar