SCHOOL OF SCIENCE
Pre-Requisites Form

Semester: ☐ Summer ☐ Fall ☐ Spring Year ___________

Please allow __________________________, ______________________, ___
Last First MI

Student HI ID # _______________ Classification _______________ Graduating Y N

To enroll in Title:_____________________________________________________
Course Title

_________________________________________ _______________________
Course # CRN # Course # CRN#

Phone #: (____)________ - __________ HU Email:________________________

Student Signature __________________________________

Please attach documentation (including class schedule) if you are not a graduating senior.

The student has satisfied the pre-requisites for the course by:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

________________________________________
Chairperson

________________________________________
Dean, School of Science

**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.

Revised 10/20/16