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