Southern New Hampshire University

Office of the Registrar

2500 North River Road | Manchester, NH 03106-1045 | Phone: 603.668.2211 | Fax: 603.629.4647

Approval to Waive Prerequisites

Student Name: _____
First Middle Last

Student ID: _____

Course Number/Title: _____

Missing Prerequisite(s): _____

Reason for Waiver: _____

_____

_____

_____ _____
Student Signature Date

_____ _____
Instructor Signature Date

In the event that an instructor has not been assigned to the course, students should obtain the signature of the dean or center director.

_____ _____
Dean or Center Director Signature Date

After appropriate signatures are obtained, day students should submit this completed form to the Office of the Registrar; continuing education and SNHU Online students should submit this form to their advisor.