

Student HU ID#: \_\_\_\_\_

Phone # \_\_\_\_\_

Semester: Summer \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_

## SCHOOL OF SCIENCE

### Pre-requisite Form

Please allow \_\_\_\_\_

Name of Student (Please Print Clearly)

To enroll in \_\_\_\_\_

Course Number, Title & CRN Number

Please include Lab if applicable

The student has satisfied the prerequisites for the course by \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Document should be attached.

\_\_\_\_\_  
Academic Advisor

\_\_\_\_\_  
Instructor

\_\_\_\_\_  
Chairperson

\_\_\_\_\_  
Dean, School of Science

Note: the student is responsible for picking up this form in the department in which the course is being offered, then take it to the Dean's Office in Turner 102 or 110 to be registered.