DICKINSON® STATE UNIVERSITY

Prerequisite Approval Form

The following information must be completed and approved by the department to allow a student to be registered in a course for which a student has received a message in Campus Connection indicating that a prerequisite has not been met. Note the additional question regarding whether a particular course should be added to DSU's database of course equivalencies in Campus Connection. *(Updated 06-11-15)*

Student Name_____ Student ID_____
                Last   First

Email address_____Phone_____

Course for which the student would like to register at DSU:

_____   _____   _____   _____   _____

Class #   Prefix   Course #   Course Title   Instructor

Prerequisite course details (taken at another college or university):

_____   _____   _____

Prefix   Course #   Course Title

Taken at: _____   _____
          Name of the college or university   Term

Rationale:_____

_____

Note: Departmental administrative assistant will attach student transcript.

_____ This is a one-time prerequisite approval intended ONLY for the student named above.
_____ Waive prerequisite for student listed above.
_____ This course should be added to DSU's course equivalencies in Campus Connection. A **Course Equivalency Form i**s attached for processing.

_____   _____
Signature of Instructor   Date

_____   _____
Signature of Department Chairperson   Date

Completed by Office of Academic Records

_____ Student successfully registered in requested course.

_____ Student was not successfully registered in requested course for the following reasons(s):

      _____ Academic or Business Office "hold" prevented registration

      _____ Requested course was full   _____   Other_____