

COURSE WAIVER FORM

Office of the Registrar, 154 Stuart Street, Boston, Massachusetts 02116

EMAIL: registrar@nesl.edu

Main: 617-422-7215 Fax: 617-422-7365

STUDENT INFORMATION

Name: _____ Student ID: _____

Phone Number: _____ Email: _____@nesl.edu

Division: Day _____ Evening _____ Special Part-Time _____ Day Part-Time _____

COURSE DETAILS

Academic Year: _____ Semester: Fall / Spring

Professor: _____

Course to be registered for: _____

Course Code: _____

Pre/Co-Requisite(s) to be waived: _____

PROFESSOR AUTHORIZATION

The student has permission to waive the pre/co-requisite course(s).

SIGNATURE: _____ DATE: _____

***** REMINDER: This form is to be submitted to the Registrar's Office*****