

REQUEST FOR COURSE PREREQUISITE WAIVER

Procedure for getting approval

1. Fill-in the required information below
2. Bring this form to the course instructor that teach the class to ask for approval (faculty signature is required)
3. After your instructor has signed on your form, email this form to the academic coordinator (ac@dula.edu) for final review and approval
4. If approved, your name will be registered to the class in populi and you will be informed through email

Student's Information

Student Name : _____ Student ID : _____ Date: _____
Phone : _____ Email : _____ Quarter / Year : _____

Program : • MSOM • DATM
Program Language : • English • Korean • Chinese

Course that you want to register (Name & Code) :

Prerequisite Course that you want to be waived (Name & Code) :

Provide the reason why the prerequisite course waiver should be granted to you:

Signature

Student's Signature : _____

Instructor's Name and Signature : _____

Academic Dean Name and Signature : _____