J.D. DIVISION
COURSE PERMISSION AND PREREQUISITE WAIVER REQUEST FORM

PLEASE NOTE: This is NOT an add/drop form to be used to register for a closed seminar with the permission of the instructor. To obtain an add/drop form please visit the Office of Academic Services - Furman Hall 400.

Complete one copy of this form for each course in order to:
1. Obtain permission of the instructor when required (as listed on course description).
2. Waive the required prerequisite or corequisite.
3. Register for a course for which the prerequisite was satisfied in a prior law school (for visiting or new transfer students).

Student ID: N ___________________________ Date: ______________________________________

Last Name __________________________________ First Name _____________________________

NYU Email Address: ___________________________ Phone: _____________________________

Course Level: J.D. (2L) ___ (3L) ___ Visiting ___ Semester:_________ Year:________

Type of request: (check appropriate option):

1. □ Permission of instructor

2. □ Waiver of the required prerequisite or corequisite

   Course Name______________________________________________________________
   Course Number ____________________________________________________________
   Instructor Name___________________________________________________________

   Brief explanation of reason for seeking Permission or Waiver:
   __________________________________________________________________________
   __________________________________________________________________________

3. □ Register for course in which prerequisite was satisfied in first law degree

   Name of law school where degree was earned____________________________________
   Name of course taken which satisfies pre- or co-requisite__________________________

Please return this form, signed below by the faculty member, to the Office of Records and Registration in FH 400 by the published deadline. You may fax the form to (212) 995-4523.

FOR FACULTY USE ONLY
Faculty Signature (indicating approval):
_______________________________________________________

Date: ____________________

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