

RCJY Management Procedures/Form Division **Educational Division** Form FOC-IC-AA-01-15 **Department** College / Institute Issue No. **Education and training affairs** 01/01/2020 Section **Issue Date**

Prerequisite Exemption Form

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College / Institute		Date
Department		
Academic Year		Semester
Student Name		ID
Program		
Total Credit Hours Registered		
Course Code (which needs exemption)		
Course Title (which n	needs exemption)	
Prerequisite Course Code		
Prerequisite Course Title		
Justification for requesting exemption		
Student's Signature_		Date
5 1 1		
Recommendation by Academic Advisor		
Signature above prin	nted name	Date
Approval		
HOD		Signature / Date
DMD-ET		Signature / Date
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