PIHMA
Phoenix Institute of Herbal Medicine & Acupuncture
COLLEGE & CLINIC

Request to Waive Prerequisite / Co-requisite Course Requirement

Student Name: _____ _____
First Last

Semester/ Year: _____

Course Code	Course Title	Credits

Course Prerequisites	Prerequisites Not Completed

By signing below, I agree to waive the prerequisite course listed above.

_____ _____ _____
Student Printed Name Student Signature Date

_____ _____ _____
Dean/ COA Printed Name Dean/ COA Signature Date