



Office of the Registrar/Student Records
Room 2027
(919)613-7027
Registrar_Office@law.duke.edu

PREREQUISITE WAIVER FORM

Student (print name): _____

Law ID #: _____ Semester (circle and complete): Fall / Spring 20_____

Please provide the following information about the course for which you are seeking a prerequisite waiver:

COURSE NUMBER: _____

COURSE TITLE: _____

PROFESSOR: _____

Please explain the relevant experience or coursework that you think justifies a waiver of the prerequisites for this course.

Student Signature

Date

APPROVED: _____

Initials: _____ Date: _____

Please return this form to the Law School Registrar's Office, Room 2027.