

UNIVERSITI TENAGA NASIONAL

Request for Pre-requisite Exemption

Dear Registrar:

Please allow the following student:

Name: _____ (ID No.: _____),

HP no: _____ Email: _____

to register for:

No.	Course Code	Course Name

The department waives the following pre-requisite for the course:

1. _____

2. _____

because he/she:

Support by HOD:

Signature & Stamp:

Date: