

# NYBG

Student #: \_\_\_\_\_

## EXEMPTION REQUEST FOR PREREQUISITE OF A CLASS

Student Name \_\_\_\_\_ Phone No: \_\_\_\_\_  
Address: \_\_\_\_\_  
E-mail: \_\_\_\_\_

I am submitting the attached transcript(s) and other documentation from another academic institution (including course title, classroom hours, and detailed syllabus) to request an exemption from the following course:

Course Code (i.e. BOT100): \_\_\_\_\_ Classroom Hours: \_\_\_\_\_  
Course Name: \_\_\_\_\_  
Start Date: \_\_\_\_\_

Which is a prerequisite for:

Course Code (i.e. BOT100): \_\_\_\_\_  
Course Name: \_\_\_\_\_  
Start Date: \_\_\_\_\_

I understand that if exempted, I will be required to take an equal number of classroom hours of approved courses to complete my certificate.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

**ACTION TAKEN:**                       **Approved**                       **Denied**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Program Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_

CED Program Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit the completed form to the Registration Office, Room 306, Watson Building or mail to:  
New York Botanical Garden  
Attn: Adult Education  
2900 Southern Blvd  
Bronx, NY 10458

*Notification of action taken will be directed to you via e-mail.*