


Prerequisite Waiver Request

Capital Community College 950 Main Street, Hartford, CT 06103 Advising Office: Room 208

CA-Advising@groups.ct.edu Phone: 860-906-5040

This form is for students who encounter a "Pre-requisite or Test Score Error" when attempting to register for courses on myCommNet. <u>The use of this form is not a substitution for academic advising</u> and **must** be completed and returned. This form can be e-mailed or submitted in-person.

An **official** college transcript in a sealed envelope must be mailed or delivered in person, if not already on file. An **official** electronic transcript may also be submitted. This request will only be processed if students are admitted by the **Capital Community College** Admissions Office.

If you are unable to obtain an official college transcript, please submit an unofficial transcript to the Advising Office at CA-Advising@groups.ct.edu or drop it off in Room 208. An advisor will contact you at the end of business day.

Name:			
Student/Banner ID#:			
Phone #:			
College Email Address:			
Please select term for Registration: Fall	Spring	Summer	Winter
Course Name(s) & Number(s) that you want to	register for:		
Note: You MUST have a final letter grade o including with this form.	f a C or better i	n the pre-req cou	rse(s) you are
Do you have any official transcripts on file at	Capital? Yo	es No	Unsure
TC \$7 1 1' 4 1 1			
If Yes , please list schools:			
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Waivers will NOT be processed for courses that are still in progress at other institutions.

Please Note: Submission of this form does not guarantee the course will still be available when you attempt to register. Once pre-req waiver(s) have been processed, you are **required** to register for the course in myCommNet.

Advising Office Hours
Monday -Thursday: 9am – 5pm
Friday: 9am – 3pm