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PRE-REQUISITE/CO-REQUISITE CHANGE FORM

Course Information

Course Subject	Course Number
Title of Course	
School of:	
<input type="radio"/> Health Sciences <input type="radio"/> General Education and Professional Studies <input type="radio"/> Business, Aviation and Technology	
Name of Requestor	Requested Effective Date
Signature of Requestor	Date of Request

Pre-Requisite / Co-Requisite Information

Pre-Requisite(s) and/or Co-Requisite(s) to be Deleted:

1. _____
2. _____
3. _____

Pre-Requisite(s) and/or Co-Requisite(s) to be Added:

1. _____	Minimum Grade _____
2. _____	Minimum Grade _____
3. _____	Minimum Grade _____

Required Approvals

Program Coordinator	Date
Dean	Date
Provost	Date
Registrar	Date