

NEW MEXICO STATE UNIVERSITY
COLLEGE OF ARTS & SCIENCES
DEPARTMENT OF MATHEMATICAL SCIENCES
PREREQUISITE CONTRACT

Student Name _____ SID # _____

I understand that I am being allowed to take _____ without having the
Course
formal prerequisite during this semester _____ *only*. If I receive a D, F,
Semester/Year
or W, in this course, I will be required to earn a C or better in the prerequisite course(s),
_____, before being allowed to re-enroll in this course.
Prerequisite Course(s)

Student Signature *Date*

MPE SCORES: _____ MATH ACT: _____

Advisor Signature *Date*

Prerequisite contract is not approved without Dean's signature.

Dean Signature *Date*

ENGINEERING
Student's College