

Prerequisite Review Form for P&I course Permission

Name: _____ Date: _____

e-mail/phone #: _____

Major/School: _____ Current Year in School: _____

Course wanted: _____ Fall: __ Spring: __ Summer: __ Year: ____

College level Photography and Imaging experience include school (& dept. if NYU):

College level Art, Art History, Media History, Cinema Studies:

Other Experience:

Any unusual reason you want to take the requested course: