



Request for Waiver of Prerequisites

Office of the University Registrar

(Please Print)

Banner ID	Last Name	First Name	MI	Date of Birth
Mailing Address		City, State, Zip		Phone Number
Email	Classification	College	Degree	Major

Term and Course Information

Course enrolling in? _____ Course Title? _____
(Course Number / i.e. = ENGL 1301) (i.e. = English Composition I)

Term? _____
(i.e. = Fall 2012)

List prerequisite course(s) to be waived (list course number AND title): _____

Reason for Waiver (required)

- Only schedule possible for sequence or graduation.
- The prerequisite(s) are being taken parallel (together).
- The prerequisite course was not offered when I should have taken it.
- To omit this course would seriously interfere with scheduling for next semester.
- Other (Justification): _____

X _____
 Student's Signature Date

<p><small>*ALL approval signatures MUST be obtained before request can be processed.</small></p> <p>X _____ Advisor's Signature Date</p> <p>X _____ Professor's Signature Date</p> <p>X _____ Department Chair's Signature Date</p>	<p><small>FOR REGISTRAR'S OFFICE USE ONLY</small></p> <p>Received by _____ Date _____</p> <p>Processed by _____ Date _____</p>
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