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

Term: _____
(i.e. = Fall 2023)

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

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.

☐ Waive classification.

☐ Waive co-requisite.

☐ Other (Justification): _____

_____

X _____
Student's Signature   Date

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*ALL approval signatures MUST be obtained before request can be processed.

X _____
Advisor's Signature   Date

X _____
Professor's Signature   Date

X _____
Department Chair's Signature   Date

FOR REGISTRAR'S OFFICE USE ONLY

_____
Received by   Date

_____
Processed by   Date

White - Office of the University Registrar   *Pink - Student*

Updated: 3/2023