

REQUEST FOR PERMISSION FOR PREREQUISITE WAIVER

In consultation with their academic advisor, students may request a waiver to take a course without having fulfilled the prerequisite requirement. **RETURN THIS FORM WITH ALL SIGNATURES TO THE OFFICE OF THE REGISTRAR.**

Student Name:			
Course Prefix:	Course #:	Semes	ter Code:
Course Title:			
	ation with my academic advisor, e as listed in the undergraduate c	-	
Additional deadline for	erstand the implications of reque ly, I understand that I am respon or dropping the class as well as th at academic penalty.	sible for the grade that	I receive. I am aware of the
Student's Signature	;	Date	
Advisor's Signature		Date	
Instructor A	pproval		
	, the instructor has granted you p ndergraduate catalog or concurre		
Student	Student must take concurrently with:		
Course Prefix: Course #:			
Course	Title:		
Student :	may take without prerequisite.		
Instructor's Signature		Date	
	<u>For Off</u>	ïce Use Only	
Copy to Dean and Advis	or	Processed by:	
Original to Registrar		Date:	