

## PREREQUISITE WAIVER REQUEST

Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

Term: F  W  Sp  Sr

Year: \_\_\_\_\_

I request enrollment in

Course Code:	_____	Course Title:	_____
--------------	-------	---------------	-------

without the required prerequisite of

Course Code:	_____	Course Title:	_____
--------------	-------	---------------	-------

- I acknowledge that I cannot appeal my grade or academic standing based upon the missing prerequisite.
- I acknowledge that I have been advised to complete the above program-required prerequisite by \_\_\_\_\_ (term) \_\_\_\_\_ (year).

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

### Department Authorization

- Request is approved.
- Request is not approved.

\_\_\_\_\_  
Signature of Associate Chair/Chair

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date