

Request to Waive Prerequisite Course Requirement

Office of the Registrar (Please print or type)

This form must be completed, attached to your registration card, and submitted to the Registrar's Office.

Name _____ **Student ID** _____

Mailing Address _____

Telephone Number _____ Email Address _____

Number and Name of Course You Wish to Take _____

Term and Year During Which You Wish to Take the Course _____

List the Required Prerequisite Course(s) _____

State your reasons for requesting to waive the prerequisite course requirement.

Please be very specific as insufficient details or lack of clarity may result in denial of this request.

Student Signature _____ Date _____

Advisor (Check One) **I support this request.** **I DO NOT support this request.**

Signature of Advisor _____ Date _____

Instructor (Check One) **I support this request.** **I DO NOT support this request.**

Signature of Instructor _____ Date _____

Comments _____

For use by the Office of Academic Affairs only.

Action (Check One) **Approved** **Denied** **Returned for more information on** _____

Signature of VPAA _____ Date _____

Comments _____

