Approval to Waive Prerequisites

Name: _______________________________  First  Middle  Last

Student ID: __________________________  Student Program ____________________________________________

Course Number/Title: ______________________________________________________________

Missing Prerequisite(s) ________________________________________________________________

Reason for Waiver:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Student Signature ___________________________  Print Name ___________________________  Date __________

Instructor Signature ___________________________  Print Name ___________________________  Date __________

In the event that an instructor has not been assigned to the course, students should obtain the signature of the dean or center director.

Dean or Center Director Signature ___________________________  Print Name ___________________________  Date __________

After appropriate signatures are obtained, day students should submit this completed form to the Office of the University Registrar; COCE students should submit this form to their advisor.