

Prerequisite Waiver Form

Name: _____

Student ID: _____

Term (Semester/Year): _____

Course in which you intend to enroll (name and number):

Course prerequisite you are requesting to be waived:

Brief description as to why you are seeking to waive the prerequisite:

Student Signature:

Date:

Course Instructor Signature:

Date:

Faculty Advisor Signature:

Date: