



## Pre-Requisite Waiver Form

Office of the University Registrar

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Term: FL  SP  SM

Student's Program of Study: \_\_\_\_\_

Catalog Year: \_\_\_\_\_ Anticipated Date of Graduation: \_\_\_\_\_

*Pre-Requisite Waiver Request for:*

Course # and Title: \_\_\_\_\_ Course Section: \_\_\_\_\_  
(course to be taken)

Instructor: \_\_\_\_\_

Course # and Title: \_\_\_\_\_  
(course waived)

*Type of Waiver:*

**Pre-Requisite Waiver** (pre-requisite still required for graduation in program)

**Pre-Requisite Waiver** (pre-requisite waived, taking course above for credit)

**Pre-Requisite Waiver** (with additional co-enrollment in a specific course)

**New Required Co-Enrollment Course Name & Title:** \_\_\_\_\_

\_\_\_\_\_  
*Advisor's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Program Director of the course or Assoc. Dean's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Manager of Academic Operations*

\_\_\_\_\_  
*Date*

**Processing:** Present the completed form to the Office of the University Registrar

\_\_\_\_\_  
*Date Received in Registrar's Office*

\_\_\_\_\_  
*Date Processed by Registrar's Office*

**A copy of this form and a copy or facsimile of the evidence is to be placed in the student's record**