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PREREQUISITE WAIVER FORM

TODAY'S DATE _____

STUDENT'S NAME _____ ID # _____

PROGRAM _____ SEMESTER _____

PREREQUISITE COURSE TO BE WAIVED _____

Reason for Waiver - Describe the reason for the waiver request

Student's Signature

Date

Instructor's Signature

Date

Department Head Signature

Date

VP for Academics or Registrar Signature

Date