



## 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

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\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean of Academics or Registrar Signature

\_\_\_\_\_  
Date

