

# PRE-REQUISITE WAIVER FORM

This form is required if a student has NOT fulfilled a course pre-requisite. Please complete the required information in box A or B below that is relevant to the request and obtain the appropriate signatures. This form should accompany the semester Registration Form and be submitted to the Registrar's Office in order to register for the course in question (Students enrolling in courses which require the "Instructor's Permission" should obtain the signature of the instructor on their Registration Form).

Student Name: \_\_\_\_\_  
(First) (MI) (Last)

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
(Street) (City) (State) (Zip)

Student I.D. # \_\_\_\_\_ OR Soc Sec # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Program of Study \_\_\_\_\_

## A ADVISOR VERIFICATION OF PRE-REQUISITE

This box requires the Academic Advisor to verify that the student has satisfied the pre-requisite for a course by reviewing the appropriate documentation supplied by the student attesting to the fact that the pre-requisite has been successfully completed at another institution.

I certify that the above named student has satisfied the Pre-requisite of:

(PRE-REQUISITE) COURSE NUMBER COURSE TITLE SOURCE OF VERIFICATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*For:*

(DESIRED) COURSE NUMBER

COURSE TITLE

\_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Advisor Signature: \_\_\_\_\_

## B PRE-REQUISITE WAIVER BY EXTENUATING CIRCUMSTANCES

This box is to be completed by students requesting a WAIVER of the pre-requisite for a course, based on extenuating circumstances

I am requesting the pre-requisite of \_\_\_\_\_ be waived for course \_\_\_\_\_.  
(Pre-requisite Course Number) (Desired Course Number)

The circumstance/s which I believe warrant this waiver is/are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Attach additional sheets if needed)

Student Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Waiver of Pre-requisite:

Approved

Disapproved

Academic Administrator Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(V.P., Dean, Dir. Of Advising, Program Coordinator, or Instructor of desired course.)