



# PREREQUISITE WAIVER FORM

Waiver Valid Only For Semester Indicated Below

Course # \_\_\_\_\_

Course Title: \_\_\_\_\_

Class # \_\_\_\_\_

Semester (circle one) FS    WS    SS                      Year 20 \_\_\_\_\_

Student Name \_\_\_\_\_

Student # \_\_\_\_\_

Has Been Granted Permission To Waive \_\_\_\_\_

(List specific course(s) for which permission to waive is being granted)

(This form must be signed in **INK**)

Instructor Signature \_\_\_\_\_

Date \_\_\_\_\_

Area Coordinator Signature \_\_\_\_\_

Date \_\_\_\_\_

Both Instructor and Area Coordinator signatures are required to waive any established course prerequisite(s). This completed form with both signatures must be turned in to the Undergraduate Office of Academic Advising, 487 SSB. This form may not be used for waiver of the minimum overall 2.00 g.p.a. requirement. For consideration to waive the minimum 2.00 g.p.a. requirement, please see a Business advisor.

**ATTENTION: THIS FORM MUST BE RETURNED WITHIN TWO WEEKS OF OBTAINING THE REQUIRED SIGNATURES!**