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!