Request to Waive Prerequisite



Name of Student:		Date:	
I.D. #:	Desired Course:		
Reason for needing to	o take the course without the p	prerequisite:	
Background that dem	onstrates that you will succee	ed in the course in lieu of	having the prerequisite:
Course Instructor's Sign	nature:	Date:	
	urse does not exempt the student from any g to take a 300 or 400 level course must co		

Please return this form to the Registration and Student Finance Office.