

**TO BE COMPLETED BY STUDENT**

|   |   |              |                         |
|---|---|--------------|-------------------------|
| <b>Student's Name (Print):</b>                          |   |              |                         |
|   | <b>Last</b>   | <b>First</b> | <b>Middle</b>           |
| <b>Student's K-Number:</b>                              |   |              | <b>Student's Major:</b> |
| <b>Enrollment Semester/Year:</b>                        |   |              | <b>Cumulative GPA:</b>  |
| <b>Expected Graduation Date:</b>                        |   |              | <b>Catalog Year:</b>    |
| <b>Course No. and Title:</b>                            |   |              |                         |
| <b>Prerequisite(s) or Co-requisite(s) to be Waived:</b> |   |              |                         |
| <b>Documents to be Submitted with this form:</b>        | <ol style="list-style-type: none"> <li>1. <i>On a separate sheet of paper, student should state the compelling reason for requesting the prerequisite or co-requisite waiver.</i></li> <li>2. <i>Updated transcript.</i></li> </ol> |              |                         |

**APPROVALS**

|                               |          |        |                             |             |
|-------------------------------|----------|--------|-----------------------------|-------------|
|                               | Approved | Denied |                             |             |
| <b>Course Instructor Name</b> |          |        | <b>Instructor Signature</b> | <b>Date</b> |

**EXAMPLES**

**Acceptable Justifications:**

- ✓ Explain how student has sufficient background of the prerequisite material to take your course.
- ✓ Explain if student has the prerequisite material from courses other than those listed as prerequisites, such as transfer courses.

**Unacceptable Justifications:**

- ✓ Student has high GPA
- ✓ Student's scholarship will end

**Condition:**

- ✓ Student will be dropped if the midterm grade is less than C grade.

**ACADEMIC JUSTIFICATION:**

**CONDITION(if any):**

|  |          |        |                                   |             |
|--|----------|--------|-----------------------------------|-------------|
|  | Approved | Denied |                                   |             |
|  |          |        | <b>Advisor Signature</b>          | <b>Date</b> |
|  |          |        | <b>Department Chair Signature</b> | <b>Date</b> |
|  |          |        | <b>Associate Dean Signature</b>   | <b>Date</b> |

**COMMENTS:**