



Office Use Only

DATE \_\_\_\_\_

USER \_\_\_\_\_

## Permanently Waive a Prerequisite

In rare instances, and in the event of compelling reasons, a student may need to permanently waive a prerequisite course.

Students seeking permission to take this action **MUST** obtain permission of the course instructor(s) and the department chair **PRIOR** to registration.

Name \_\_\_\_\_ ID Number \_\_\_\_\_

Signature \_\_\_\_\_ Term \_\_\_\_\_ Date \_\_\_\_\_

Please check the appropriate reason for this course to be waived.

☐ Major Status    ☐ Senior Status    ☐ Junior Status

☐ Minor Status    ☐ Native Speaker    ☐ Other \_\_\_\_\_

### Course to be Waived

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

Instructor's Name \_\_\_\_\_ Instructor's Signature \_\_\_\_\_

Print Name

Date \_\_\_\_\_

### Course you are asking permission to take

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

Instructor's Name \_\_\_\_\_ Instructor's Signature \_\_\_\_\_

Print Name

Date \_\_\_\_\_

**Permission of Instructor (POI): With your signature are you giving the Office of the Registrar permission to use**

**your signature as the POI?**    ☐ Yes    ☐ No     Please Initial

Department Chair's Signature \_\_\_\_\_ Date \_\_\_\_\_