

FORM TO REQUEST FOR A PREREQUISITE WAIVER

Term: FALL _____ SPRING _____ SUMMER _____ YEAR: _____

Procedure: turn this form to course offering department → get department director's permission → academic staff to waive the prerequisite → student to choose the course online

Personal Information			
Student No.		Dept.	
Name		Cell Phone	
email			
Course Information (One requested course by form)			
Course No.		Instructor	
Course Title			
Detailing reasons			
If you believe that you have the necessary knowledge to complete the course without having successfully completed the missing prerequisite course, you must justify the reasons and ensure that you respect the eligibility criteria.			

SIGNATURE

Department director

Student's signature

Submission Deadline: The last day of Add-or-Drop Selection