COURSE PREREQUISITE WAIVER

Student to complete, sign, and return to the Undergraduate Advising Coordinator

Semester: ___________ Year: ___________ Course number: _______________________

Course name: ___________________ Instructor of record: _______________________

Student name: ___________________ Student #: _______________________

Email: __________________________ University __________________

I understand that I may be dropped from the course if the prerequisite and courses listed prove NOT to be satisfied during the first two weeks of the above term.

Student Signature: ___________________ Date: ___________________

The following prerequisite(s) for this course have not yet been completed with a ‘C’ grade or better.

1. Prerequisite course number: __________ Course name: ___________________________
   Grade received: ________ Term________ Year __________
   I intend to take/retake the course in Term________ Year __________

2. Prerequisite course number: __________ Course name: ___________________________
   Grade received: ________ Term________ Year __________
   I intend to take/retake the course in Term________ Year __________

3. Prerequisite course number: __________ Course name: ___________________________
   Grade received: ________ Term________ Year __________
   I intend to take/retake the course in Term________ Year __________

4. Prerequisite course number: __________ Course name: ___________________________
   Grade received: ________ Term________ Year __________
   I intend to take/retake the course in Term________ Year __________

5. Prerequisite course number: __________ Course name: ___________________________
   Grade received: ________ Term________ Year __________
   I intend to take/retake the course in Term________ Year __________

6. ME Core course number: __________ Course name: ___________________________
   Grade received: ________ Term________ Year __________
   I intend to take/retake the course in Term________ Year __________

7. ME Core course number: __________ Course name: ___________________________
   Grade received: ________ Term________ Year __________
   I intend to take/retake the course in Term________ Year __________

The above listed student has my permission to register for my course, indicated above, this term.
I have reviewed the listing of courses above which to date the student has not earned a ‘C’ grade or better.

Signature of Instructor of Record: __________________________________ Date: ___________

(If instructor of record not available) Undergraduate Coordinator: ___________________ Date: ___________

Explanation attached: __________