



Prerequisite Waiver Request

Student's Name: _____

Banner ID# _____ **Date:** _____

Faculty member requesting waiver: _____

Course number and name: _____

Semester when course will be offered: _____

Specific prerequisite(s) for which waiver is being requested: _____

Reasons why prerequisites should be waived for this student (to be completed by faculty member):

Requesting Faculty Member Signature: _____

Program Coordinator Signature: _____

Department Chair

____ Approved

____ Not Approved (Reason): _____

Department Chair Signature: _____

Academic Dean (if not approved by Department Chair)

____ Approved (Reason): _____

____ Not Approved (Reason): _____

Academic Dean Signature: _____

Copies: Registrar (original), Signature Lines, Student File