Computer Science and Information Technology Department

Request for Waiver of Course Prerequisites

Student: Complete the top part of the form, sign and send to your advisor for their signature and routing.

Student Name: _____ ID: _____

Advisor Name: _____

Course Information

Semester and year to Enroll: _____ Year: _____

Course Number: CPSC _____ Course Instructor: _____

Preferred Section Number: _____ Preferred Class Number: _____

Prerequisite to be Waived: _____

Reason:

I understand course prerequisites are in place to ensure the best possible route for my success in course sequencing. I am requesting a waiver for the above prerequisites. I understand this may require additional work and time on my part to be successful in this course.

_____ _____
Signature of student   Date

I believe the referenced student can be successful in the course indicated even though he/she have not met the course prerequisites based on my experience, discussion and/or research of the student and his/her academic record. [Routing: advisor please forward to instructor; instructor please forward to department chair.]

Advisor Name:_____ Signature: _____ Date:_____
Advisor Comments:

Instructor Name:_____ Signature: _____ Date:_____
Instructor Comments:

Chair Name: _____Signature: _____ Date:_____

Course Enrollment:

Chair Comments: