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:  CSC ___________  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: ____________

Advisor Name: ___________________________  Signature: ___________________________  Date: ____________

Advisor Comments: ______________________________________

Instructor Name: ___________________________  Signature: ___________________________  Date: ____________

Instructor Comments: ______________________________________

Chair Name: ___________________________  Signature: ___________________________  Date: ____________

Chair Comments: ______________________________________

Course Enrollment: ____________________________________________

Chair Comments: ______________________________________