



**PRE-REQUISITE AND COURSE
WAIVER/SUBSTITUTION**
In-house waiver/substitutions Only – Not for credit transfer

Rev. 6/10/14

Student's Full Name: (Print) _____

Check One

Course Name and Number

| | | |
|--|---------------------------------------|--|
| | I request a Pre-requisite waiver for: | |
| Please have the Faculty Member scheduled to teach the above course sign and date here: | | |

Course Name and Number

| | | |
|-----------------------------|--------------------------------|--|
| | I request a course waiver for: | |
| Reason for request: | | |
| Department Chair Signature: | | |
| VPAA Signature: | | |

Course Name and Number

| | | |
|-----------------------------|--------------------------------------|-------------------------------------|
| | I request a course substitution for: | Required Course Name and Number: |
| | | Desired Substitute Name and Number: |
| Reason for request: | | |
| Department Chair Signature: | | |
| VPAA Signature: | | |

Student Signature and date: _____

Advisor – (signature & date) _____

Comments (if any):