

## PRE-REQUISITE WAIVER

Student Name _		I	D#	Date	
Course ID #		_			
Course Name _					
Instructor Name	e				
Fall	Spring	☐ SS I	☐ SS II	☐ WEC SS	
Although a pre- permission for t	requisite ofhe above named s	student to take	_ is required and l my class listed at	nas not been met, I give pove.	
Faculty Signatu	re			-	
	Please	return this form	to the Registrar's	Office.	
PRE-REQUI	SITE WAIVER	t.		DEFIANCE COL To Know • To Lead • To Serve • T	LEG o Understar
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Course ID#		_			
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7-2009