

PRE-REQUISITE WAIVER



Student Name _____ ID # _____ Date _____

Course ID # _____

Course Name _____

Instructor Name _____

Fall Spring Summer

Although a pre-requisite of _____ is required and has not been met, I give permission for the above named student to take my class listed above.

Faculty Signature _____

Please return this form to the Registrar's Office.

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