

Texas A&M University-Commerce
Department of Computer Science and Information Systems

PO Box 3011 Commerce, TX 75428 | 903-886-5409 | Journalism Bldg. 122

PREREQUISITE WAIVER REQUEST FORM

Student Name: _____ **CWID#:** _____ **E-mail#:** _____

I wish to enroll in _____ for the following term _____ for which I lack prerequisites of _____ according to the present catalog.

Student's justification* for the request: _____

* Avoid personal reasons; narrate only academic justification, such as the courses taken before, job experience, etc.

* Provide a copy of evidence for qualification such as transcript, certificates, and statements from supervisors, etc.

Instructor's comments: _____

Student Signature _____ **Date** _____

Approved Not Approved **Advisor Signature** _____ **Date** _____

Approved Not Approved **Instructor Signature** _____ **Date** _____

Approved Not Approved **Dept. Head Signature** _____ **Date** _____