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 _____