

COMPUTER SCIENCE PREREQUISITE WAIVER FORM

Student Name (Print):

WID:

Email:

Major:

Est. Date of Graduation:

Cumulative GPA:

I respectfully request the following prerequisite be waived:

Course Enrolling In:

Instructor:

Section:

Reason for Exception:

Semester Planning to Take Course:

Student Signature:

Date:

Course Instructor Signature:

Date:

Approved

Not Approved

Advisor Signature:

Date:

Approved

Not Approved

Department Representative Signature:

Date:

Approved

Not Approved

Additional Comments/Conditions of Approval