



A Member of The Texas A&M University System

REQUEST FOR WAIVER OF PREREQUISITES

NAME _____ SSN _____
Last, First Middle

DATE: _____ DEGREE _____ MAJOR-MINOR _____

The above named student is enrolling in _____
Course Number and Title

during the _____ semester. He/She is requesting that the prerequisite course(s)
_____ be waived for the following reason(s):
Course Number and Title

- _____ Only schedule possible for sequence or graduation.
- _____ The prerequisite(s) are being taken parallel.
- _____ The prerequisite course was not offered when the student should have taken it.
- _____ To omit this course would seriously interfere with the scheduling for next semester.
- _____ Other (Justification) _____

COMMENTS: _____

Student's Signature Date

Advisor's Signature Date

Please obtain professor's recommendation for approval and final approval by Department Chair:

Professor's Signature Date

Department Chair's Signature Date

RETURN THIS FORM TO THE ADVISEMENT OFFICE

Received by Date

copy - student