

PREREQUISITE/COREQUISITE WAIVER REQUEST

Student Name _____

Social Security Number _____

Term (Fall, Spring, Summer) _____ Year _____

Course/Call Number _____

Course Name _____

Professor _____

The professor listed above has given me permission to register for the course listed above without the required prerequisite(s) or corequisite(s).

I understand that I may register for this course approximately two days after completion of this form; it will not be done for me.

Student Signature

Date

April 2006

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