



Prerequisite Waiver Form

Use blue or black ink and **PRINT** clearly. Select Semester: **Fall** **Spring** **Summer** Year _____

Student Name (Last, First, Initial)

Student ID # (LoLA)

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Phone Number (____ ____ ____) ____ ____ ____ - ____ ____ ____ Continuing ____ New (or Returning) ____

Student Email: _____

All prerequisite waivers must have the approval of the Divisional Dean or Department Chair.

Waiver Granted (Dean or Department Chair Signature)	Course Number (e.g., MATH 0083)	Course Name	Credits
Rationale for Decision:			

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STUDENT ACKNOWLEDGEMENT OF TERMS OF WAIVER

By signing below, the student hereby acknowledges he/she understands that obtaining permission to waive a prerequisite does not grant credit for the prerequisite or register the student in course(s). Students remain responsible for registering themselves in LoLA and for making sure they meet credit hour requirements for graduation, if applicable.

The student further acknowledges that it is his/her responsibility to understand all college policies and procedures related to managing their registration and student account. These include the college's Add/Drop, Withdrawal, and Refunds policies.

Student Signature

Date

Registrar's Office

Date