MECHANICAL, AEROSPACE AND BIOMEDICAL ENGINEERING
REQUEST FOR PREREQUISITE AND/OR COREQUISITE WAIVER

COURSE__________________________ TERM__________________________
Reason for waiver request of ________________________ as prerequisite course:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
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Student Signature and Print __________________________ Date

Student ID # __________________________

Approvals:

Advisor* __________________________ Date

Course Instructor** __________________________ Date

Program Coordinator __________________________

Department Head __________________________ Date

*Advisor: Review the student’s Planned Program of Study and certify that not granting the waiver would delay the student’s graduation. If not, do not sign the form and return it to the Undergraduate Advising Office. If you sign the form, forward it to the instructor of the course.

**Course Instructor: Meet the student to determine whether s/he knows enough about prerequisite topics to have a reasonable chance of success in the course. If you consider the student’s knowledge to be inadequate, do not sign the form and return it to the Undergraduate Advising Office. If you sign the form, forward it to the program coordinator for the course: DeSmidt (AE), Boulet (ME) or Tan (BME).

PLEASE PLACE IN STUDENT’S FOLDER

12/5/14