



REQUEST FOR WAIVER OF PREREQUISITES

Student's Name: _____ Major: _____
Phone: _____ E-mail: _____ **Bronco #:** _____
Course: _____, Sec.: _____ Instructor: _____ Quarter: _____

The current catalog prerequisites for this course are: _____

I understand that a passing grade (D- or higher) will not be awarded in this course until I have passed the prerequisite course(s) with required grade(s). Instead, a grade of RP will be awarded. Prerequisite(s) I have not yet passed is/are: _____. I am requesting that it/they be waived because:

Student Signature Date

I approve this request for waiving prerequisites because:

Instructor Signature Date

I approve this request for waiving prerequisites based on the Instructor's justification above.

Department Chair* Date

*Department which offers the course

Approved Waiver is to be placed in Student File.
Return disapproved Waiver to student