



Request to Take Courses Without Pre-Requisite

DATE: _____

STUDENT ID: _____

DATE OF BIRTH: _____

STUDENT NAME: _____

STUDENT PHONE NUMBER: () _____ - _____

MAJOR: _____

CLASS LEVEL: _____

CREDITS EARNED: _____

CUMULATIVE GPA: _____

COURSE NO.

COURSE NAME

1. _____ / _____

INSTRUCTOR'S SIGNATURE

DATE

2. _____ / _____

INSTRUCTOR'S SIGNATURE

DATE

3. _____ / _____

INSTRUCTOR'S SIGNATURE

DATE

I HAVE DISCUSSED THIS MATTER WITH THE INSTRUCTOR TEACHING THE COURSE AND WITH MY DEPARTMENT CHAIRPERSON / ADVISOR

I RECOGNIZE THAT THIS ACTION ON MY PART MAY JEOPARDIZE MY PERFORMANCE AND/OR GRADE IN THESE COURSE(S)

STUDENT'S SIGNATURE

DATE

DEPARTMENT CHAIR SIGNATURE

DATE

Please return this form to the Department Assistant of the course for processing*

*Allow 3-5 days for this to appear under the Petitions/Waivers tab in Student Planning.