

**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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Department Head

\_\_\_\_\_  
Date

**PLEASE PLACE IN STUDENT'S FOLDER**