

MECHANICAL, AEROSPACE AND BIOMEDICAL ENGINEERING

REQUEST FOR PREREQUISITE AND/OR COREQUISITE WAIVER

COURSE _____

TERM _____

Reason for waiver request of _____ as prerequisite course:

Student Signature and Print

Date

Student ID #

Approvals:

Advisor*

Date

Course Instructor**

Date

Program Coordinator

Date

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