

COURSE PREREQUISITE WAIVER

REGISTRAR'S OFFICE



Last Name

First Name

Student ID Number

Major/Minor

Declared Catalog

ACKNOWLEDGEMENT

By submitting this waiver and signing my name, I acknowledge that prerequisite courses are established to help ensure adequate background or foundational knowledge of topics to be covered in the subsequent course(s). I further acknowledge that, by not taking the prerequisite course, I may face a greater academic challenge that may affect my ability to successfully complete other courses. This waiver may be considered should I appeal grades (assignment or final) in subsequent courses.

I request waiving this course requirement which is a prerequisite...

Course ID Number

Course Title (please print)

Credit Hours

... for this subsequent course...

Course ID Number

Course Title (please print)

Credit Hours

This is a... ☐ Tusculum course ☐ Transfer course (Additional documentation may be required.)

Reason: _____

STUDENT

STUDENT SIGNATURE

Date

ADVISOR

☐ Approved ☐ Denied

ADVISOR SIGNATURE

Date

Comments _____

INSTRUCTOR

☐ Approved ☐ Denied

INSTRUCTOR SIGNATURE

Date

Comments _____

DEAN / DEPARTMENT CHAIR

☐ Approved ☐ Denied

DEPARTMENT CHAIR SIGNATURE

Date

Comments _____

RETURN THIS COMPLETED FORM TO THE REGISTRAR'S OFFICE

OFFICE USE ONLY

Date Entered

By (initials)

Notes