

ELECTRICAL AND COMPUTER ENGINEERING
REQUEST FOR PREREQUISITE AND/OR COREQUISITE WAIVER

COURSE _____

TERM _____

Reason for waiver request of _____ as requisite course:

Student Name (Print)

Date

Student Signature

Student ID #

Approvals:

Course Instructor

Date

Advisor

Date

Associate Department Head for Undergraduate Programs

Date

PLEASE PLACE IN STUDENT'S FOLDER