Pre/Co-requisite Evaluation Form for Construction Engineering (Con E) Courses
Department of Civil, Construction and Environmental Engineering
Iowa State University

Policy Statement: As the ISU course catalog states, prerequisites indicate the specific academic background considered necessary for students to be ready to undertake a course. The Construction Engineering (Con E) program will follow the following points in handling prerequisites and co-requisites:

1. The prerequisites and co-requisites to be enforced will come from the current academic year’s catalog unless the list from the student’s catalog is less stringent. To promote student success, students will be advised to follow prerequisites and co-requisites from the current year’s catalog.
2. Students who have not enrolled in the co-requisites and completed all prerequisites with grades at or above the required minimum values must document that they have obtained the required background from other courses, such as transfer courses, or experiences, such as internships. Instructors must approve anything other than a course that directly substitutes for a prerequisite or co-requisite.
3. Instructors will direct students who cannot document their background as in #2 to drop the course. Instructor will assign grades of F to any of the students who do not drop the course.

Instructions: Complete the items as an initial evaluation of pre/co-requisite issues. If course instructor action is needed, academic advisers will guide the student through the Pre/Co-requisite Waiver Process.

Evaluation with Academic Adviser or Designee

STUDENT NAME: ___________________________________________ ISU ID #: __________
List the course under evaluation and pre/co-requisite requirements below.
Course: ____________________ Pre/co-requisite missing: ________________ Notes: _____________

Part 1. Missing pre/co-requisite resolved by:
☐ Student catalog year _______ has less stringent prerequisites.
☐ ISU course substitution/equivalent: Course ____________ Term _____ Grade ___
☐ Transfer course substitution/equivalent: Course ____________ Term _____ Grade ___
☐ Completed Department Review of Transfer Course demonstrates substitution/equivalent:
   Course ____________ Term _____ Grade ___ Attach form.
☐ Student took course at another institution, but it has not been posted to ISU yet. (Attach an unofficial transcript for verification).
☐ Not resolved.

Academic Adviser Use Only: Adviser or designee: __________________________ Date: ________
☐ Student approved to stay enrolled in course. Evaluation completed; no further action required.
☐ Student NOT approved to stay enrolled in course. Additional information available and student may prepare waiver request for instructor; sent email notification on ____________.
☐ Student NOT approved to stay enrolled in course; sent student email notification on __________.

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Revised 3/29/17
Student Request to Waive a Pre/Co-requisite

Student Email: ________________________@iastate.edu  Student Phone: ________________________________
Catalog Year for Degree: ________________________  Enrollment Term of request: ______________________

List the course under evaluation and pre/co-requisite requirements below.
Course: _____________________  Pre/co-requisite missing: __________________ Notes: ______________

Part 2. A. Indicate the justification for requesting a pre/co-requisite waiver.

☐ Demonstrated competency of pre/co-requisite was acquired through an internship or other professional experience. Knowledge must be deemed equivalent or supersede the pre/co-requisite content. (Supporting documentation attached).
☐ Other: ______________________________________________________________________________________

B. Attach a separate typed document justifying this request.

Include documentation that demonstrates competency of required knowledge. Return all documents to the CCEE Advising Center, 382 Town Engineering.

Student Signature: ____________________________________________ Date: __________
Academic Adviser or Designee Signature: __________________________ Date: __________
(Indicates approval to forward request to Instructor)

For Department Use Only

1. Form sent to Instructor: ______________________________________ Date: __________
2. Instructor Decision: ☐ Approved  ☐ Denied
3. Instructor Signature: ______________________________________ Date: __________
4. Return form to CCEE Advising Center, 382 Town Engineering.
5. Date student informed of decision: _______________ Initials: _______________

Comments: