

Student Request to Waiver a Pre/Co-Requisite

Student Section:

Student Name: _____ ISU ID #: _____

Course: _____ Pre/co-requisite missing: _____

Student Email: _____ Student Phone: _____

Catalog Year for Degree: _____ Enrollment Term of Request: _____

Notes:

- A. **Indicate the justification for requesting a pre/co-requisite waiver.** Attach a separate, typed document with the justification. The justification must demonstrate competency in the pre/co-requisite material by acquiring it through an internship or other professional experience.
- B. **Verify (by your signature below) that you are enrolled in the prerequisite during the same semester.**
- C. **Return all documents to the CCEE Advising Center, 382 Town Engineering.**

Student Signature: _____ Date: _____

For Department Use Only

Academic Advisor Signature: _____ Date: _____

(Indicates approval to *forward* request to instructor)

Comments:

Instructor Name: _____ Instructor Decision: Approved Denied

Instructor Signature: _____ Date: _____

Instructor Justification:

Associate Chair Signature: _____ Date: _____

Associate Chair Decision: Approved Denied

Comments: