

COURSE PREREQUISITE WAIVER

Student to complete, sign, and return to the Undergraduate Advising Coordinator

Semester: _____ Year: _____ Course number: _____
Course name: _____ Instructor of record: _____
Student name: _____ Student #: _____
Email: _____ University _____

I understand that I may be dropped from the course if the prerequisite and courses listed prove NOT to be satisfied during the first two weeks of the above term.

Student Signature: _____ Date: _____

The following **prerequisite(s)** for this course have not yet been completed with a 'C' grade or better.

1. Prerequisite course number: _____ Course name: _____
Grade received: _____ Term _____ Year _____
I intend to take/retake the course in Term _____ Year _____
2. Prerequisite course number: _____ Course name: _____
Grade received: _____ Term _____ Year _____
I intend to take/retake the course in Term _____ Year _____
3. Prerequisite course number: _____ Course name: _____
Grade received: _____ Term _____ Year _____
I intend to take/retake the course in Term _____ Year _____
4. Prerequisite course number: _____ Course name: _____
Grade received: _____ Term _____ Year _____
I intend to take/retake the course in Term _____ Year _____
5. Prerequisite course number: _____ Course name: _____
Grade received: _____ Term _____ Year _____
I intend to take/retake the course in Term _____ Year _____

The following Mechanical Engineering Core courses have not yet been completed with a 'C' grade or better.

6. ME Core course number: _____ Course name: _____
Grade received: _____ Term _____ Year _____
I intend to take/retake the course in Term _____ Year _____
7. ME Core course number: _____ Course name: _____
Grade received: _____ Term _____ Year _____
I intend to take/retake the course in Term _____ Year _____

The above listed student has my permission to register for my course, indicated above, this term.
I have **reviewed the listing of courses above which to date** the student has not earned a 'C' grade or better.

Signature of Instructor of Record: _____ Date: _____

(If instructor of record not available) **Undergraduate Coordinator:** _____ **Date:** _____

Explanation attached: _____