

DEPARTMENT OF MECHANICAL ENGINEERING

Waiver of Prerequisite(s) Request

Name: _____ SSN# _____ GPA _____

Requested Course

Course Number	Course Title

Prerequisite(s) to be taken as Co requisite

Course Number	Course Title

Prerequisite(s) to be Waived

Course Number	Course Title

Reason for Request

Student Signature

Supervising Professor's Signature

Undergraduate Studies Committee Signature _____ Approved Disapproved

Department Chair Signature _____ Approved Disapproved

Dean of Student Services Signature _____ Approved Disapproved