PRE-REQUISITE WAIVER FORM – SCHOOL OF ENGINEERING

Student Name (Print):		KU ID:
Email:	Major:	Cumulative GPA:
Date of 1 st KU Semester:		Est. Date of Graduation:
I respectfully request the fo	llowing pre-requisite b	e waived:
Course Prerequisite:	:	
Course Enrolling In:		
Reason for Exceptio	n:	
Semester Planning t	o Take Course:	
Student Signature	-	Date
ADVISOR		
□ Approved□ Not Approved		
Advisor's Signature		——————————————————————————————————————
DEPARTMENT		
□ Approved□ Not Approved		
Department's Signature		Date
ASSOCIATE DEAN OF ENGIN	NEERING	
□ Approved□ Not Approved		
Associate Dean's Signature		Date

^{**}USE A SEPARATE PRE-REQUISTE WAIVER FORM FOR EACH UNRELATED REQUEST**