Becker College
Office of the Registrar

Approval for Waiver of Course Pre-Requisite(s)
(submit for approval prior to student enrolling in the course)

Date: __________________________  Student ID# __________________________  Location (circle one): L W

Student Name: __________________________  Major: __________________________

1. Request to Waive:
Course #/Title __________________________  PreReq: __________________________
Explanation: __________________________

2. Request to Waive:
Course #/Title __________________________  PreReq: __________________________
Explanation: __________________________

3. Request to Waive:
Course #/Title __________________________  PreReq: __________________________
Explanation: __________________________

4. Request to Waive:
Course #/Title __________________________  PreReq: __________________________
Explanation: __________________________

Academic Advisor Signature __________________________  Date __________________________

Waiver(s) APPROVED: 1. ☐  2. ☐  3. ☐  4. ☐  Waiver(s) DENIED: 1. ☐  2. ☐  3. ☐  4. ☐

REASON: __________________________

Dean - Academic Affairs/Accelerated/Nursing Signature __________________________  Date __________________________