



## Department of Electrical Engineering

### Request for Prerequisite Waiver

Student Name: \_\_\_\_\_

Student ID: 5000-

Patriot Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

BSEE Catalog Year: Select Catalog Year

**\*\* Important Note:** This form is intended for internal departmental routing only and should NOT be accepted from a student under any circumstance unless you are the academic advisor. This form may only be accepted from the student by the academic advisor. All sections must be completed before turning in to the academic advisor of record.

| Course |    |       |         | Prerequisites |    |       |  |
|--------|----|-------|---------|---------------|----|-------|--|
| Dept   | No | Title | Sem Hrs | Dept          | No | Title | Comp   |
|        |    |       |         |               |    |       | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
|        |    |       |         |               |    |       | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
|        |    |       |         |               |    |       | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |

Reason for Request: \_\_\_\_\_

Requesting Student: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Disapproved  \_\_\_\_\_ Date: \_\_\_\_\_  
Academic Advisor

Approved  Disapproved  \_\_\_\_\_ Date: \_\_\_\_\_  
Instructor

Approved  Disapproved  \_\_\_\_\_ Date: \_\_\_\_\_  
Department Chair