To request a prerequisite/co-requisite waiver, complete Part A, print the form, and bring it to the course instructor no later than Thursday September 5th, 2019.

Note: Submitting this form does not guarantee acceptance to the course for which the waiver is requested.

PART A (To be completed by the student)

First Name: ____________________________ Last Name: ____________________________
Student ID #: ____________________________ Cell Phone Number: ____________________________
Semester: ____________________________ Year: ____________________________
Major: ____________________________ Academic Advisor: ____________________________ Cumulative GPA: ____________________________
Iowa State Email Address: ____________________________
I am requesting to take ________________ without having the following required pre/co-requisite(s):

Why do you believe you will be able to take the course without the required pre/co-requisite(s)?

PART B (Instructor’s justification/comments)

PART C (Instructor decision)

__________ APPROVED ____________ DENIED

_____________________________         ________________________        _______________________
Instructor Name (Please Print)             Instructor Signature                        Date

STUDENT: PLEASE RETURN THIS FORM TO THE COMPUTER SCIENCE ADVISING OFFICE: 1200 COMMUNICATIONS BUILDING, NO LATER THAN THURSDAY SEPTEMBER 5th, 2019 BY 5:00 PM.