

**School of Business
Prerequisite Waiver**

Student's Name: _____ E-Number: _____

Local Phone: _____ Major: _____

Email: _____

Minor: _____ Concentration: _____

Expected Term/Year of Graduation: _____ Catalog Year: _____

Course Number and Title: _____

Request:

Reason:

Advisor's Recommendation:

Approve: _____ Deny: _____

Academic Advisor Name (printed)/Signature

Date

Comments: _____

**Assistant Chair's or Undergraduate Coordinator's
Recommendation:**

Approve: _____ Deny: _____

Academic Coordinator Name (printed)/Signature

Date

Comments: _____

Chair's (or Chair's Designee's) Decision:

Approved: _____ Denied: _____

School of Business Chair or Chair's Designee Name (printed)/Signature

Date

Comments: _____

RETURN COMPLETED FORM TO CERTIFICATION OFFICER FOR STUDENT'S MAJOR