REQUEST FOR PREREQUISITE WAIVER

Date: ____________________________  Name: ____________________________

Phone: __________________________  TTU ID: __________________________

Expected Graduation: ______________  TTU Email: ________________________

Classification: □ FR  □ SO  □ JR  □ SR

REQUEST FOR PREREQUISITE WAIVER

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Prerequisite(s) To Be Waived</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Justification for Request:

________________________________________
Student Signature

For Office Use Only

________________________________________  □ APPROVED  □ DENIED
Academic Advisor

________________________________________  □ APPROVED  □ DENIED
Instructor

ACADEMIC JUSTIFICATION


 CONDITIONS


<table>
<thead>
<tr>
<th>Permit(s) Required (SFASRPO)</th>
<th>Course</th>
<th>Enrolled Student</th>
<th>Date</th>
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<tbody>
<tr>
<td>□ PREREQ □ COREQ □ MAJOR □ ENROLLMENT □ SPECIAL</td>
<td>□ Y □ N □ Emailed</td>
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</tbody>
</table>

Initials__________