

Fill out entire form and route in accordance with instructions below. Form will not be processed without proper signatures affixed.

NAME _____ DATE _____
Last First Middle

STUDENT ID NO. _____ MAJOR _____ REGISTRATION TERM _____
Name of program

PROCEDURE

- Student completes form.
- Academic advisor reviews form and, if approves, signs.
- Student takes form to the head of the academic unit offering the course to request the waiver.
- If approved, student brings waiver form with the registration form to the Registration Center for processing.

COURSE REQUESTED FOR REGISTRATION

| CRN | PREFIX | COURSE NO. | SEC | COURSE TITLE | ACADEMIC UNIT OFFERING COURSE |
|--|--------|------------|-------|--------------|-------------------------------|
| <i>As stated in the Florida Tech printed or online catalog</i> | | | | | |
| _____ | _____ | _____ | _____ | _____ | _____ |

MISSING COREQUISITE(S) OR PREREQUISITE(S)

| PREFIX | COURSE NO. | CO/PREREQUISITE TO BE WAIVED |
|--|------------|------------------------------|
| <i>As stated in the Florida Tech printed or online catalog</i> | | |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

JUSTIFICATION FOR THE WAIVER (*Reason must be articulated*)**REQUIRED SIGNATURES**

Student _____ Date _____

Student's Academic Advisor _____ Date _____

Print Name _____

Academic Unit Head _____ Date _____
Department offering the course requested for registration

Print Name _____

OFFICE USE ONLY

Staff Initials _____ Date _____ Processed By _____ Date _____