TO: Department of Electrical and Computer Engineering
FROM: Professor ______________________________
SUBJECT: Waiver of Prerequisites

Term: ☐ Fall ☐ Winter ☐ Spring ☐ Summer Year: __________

Last Name: ______________________________ First Name: ______________ CIN: __________

1. This is to request the waiver of the pre-requisites for

__________________________________________________________________________

Course

2. List all pre-requisites for this course(s)

__________________________________________________________________________

__________________________________________________________________________

3. What are the missing pre-requisites?

__________________________________________________________________________

__________________________________________________________________________

4. What is the justification for waiving this pre-requisite (by the instructor)?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Requested by:
Instructor: ______________________________ Date: __________________

Approved by:
Department Chair: ______________________________ Date: ________________