

**EMBRY-RIDDLE AERONAUTICAL UNIVERSITY
REQUEST FOR COURSE PREREQUISITE/CO-REQUISITE WAIVER**

STUDENT NAME: _____ ERAU BOX # _____

STUDENT ID# _____ EMAIL ADDRESS: _____

DEGREE PROGRAM: _____ CATALOG YEAR: _____

I HEREBY REQUEST A WAIVER FOR _____ WHICH IS A
PREREQUISITE/CO-REQUISITE FOR _____

REASON FOR THIS REQUEST: _____

Student print name Signature Date

INSTRUCTOR: Approved _____ Disapproved _____

Instructor print name Signature Date

COMMENTS: _____

ENGINEERING COURSES REQUIRE DEPARTMENT APPROVAL

Department Chair responsible for the courses: Approved _____ Disapproved _____

Comments: _____

Signature Date

Distribution:
Records Office
Chair of Department Responsible for the course.