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: ____________________________________________

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Student print name __________________________ Signature __________ Date ___________

INSTRUCTOR: Approved _________________ Disapproved________________

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Instructor print name __________________________ Signature __________ Date ___________

COMMENTS: _______________________________________________________________

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ENGINEERING COURSES REQUIRE DEPARTMENT APPROVAL

Department Chair responsible for the courses: Approved _____ Disapproved_____

 Comments: _______________________________________________________________

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Signature __________________________ Date __________

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