

STUDENT: _____ **PROGRAM:** _____

ID# @ _____ **SEMESTER/YEAR:** _____

TEST SCORE WAIVER –ACCUPLACER scores fall below the minimum required: (NOTE: WAIVER FOR ISVC/ISVK COURSES MUST BE DONE BY DEPT. OF INSTRUCTIONAL SERVICES.)

I hereby authorize registration in _____ for the above named student.
(Course # and Title)

Signature of Program Director/Advisor/Faculty/Dept. Inst. Services Date

Signature of Student: I have discussed and understand my options. Date

TIME CONFLICT WAIVER: (Signed by Instructor of Affected Course)

_____ is in time conflict with _____.
(Course # and Title) (Course # and Title)

As instructor for _____, I hereby consent to the time overlap.
(Course # and Title)

Signature of Instructor Date

PRE/COREQUISITE COURSE WAIVER: (Signed by Instructor/Program Director of Affected Course)

_____ has a prerequisite/corequisite of _____.
(Course # and Title) (Course # and Title)

As instructor for _____, I hereby waive the corequisite/prerequisite.
(Course # and Title)

Signature of Instructor/Program Director Date

PROGRAM MAJOR WAIVER: (Signed by Program Director of Required Program Major)

_____ has a prerequisite of admission to the _____ program.
(Major)

As program director for _____, I hereby waive this requirement.

Signature of Program Director Date