

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
<small>As stated in the Florida Tech printed or online catalog</small>					
_____	_____	_____	_____	_____	_____

MISSING COREQUISITE(S) OR PREREQUISITE(S)

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

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 _____