

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/major code

PROCEDURE

- Student completes form.
- Bisk Student Services Representative and Bisk Administration review the form and if approved, sign.
- Bisk sends the form to the head of the academic unit offering course to request the waiver.
- Request is reviewed and, if approved, signed and returned to Bisk for processing.

COURSE REQUESTED FOR REGISTRATION

CRN	PREFIX	COURSE NO.	COURSE NAME <small>As stated in the Florida Tech printed or online catalog</small>	ACADEMIC UNIT OFFERING COURSE
_____	_____	_____	_____	_____

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 _____

Bisk Student Service Representative _____ Date _____

Bisk Administration _____ Date _____

Academic Unit Head _____ Date _____
Department offering the course requested for registration

OFFICE USE ONLY

Staff Initials _____ Date _____ Processed by _____ Date _____