Texas Woman's University Office of the Registrar

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Description:						
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Graduate Prerequisite Waiver

STUDENT ID:	NAME (PRINT):			
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Phone number:		_ TWU E-mail:		
Degree: Major:		Track / Emphasis:		
		Doctoral	Masters	Certificate
Course requiring prerequisite:				
Prerequisite(s) to be waived: _				
Reason for waiver:				
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Reason for waiver:				
Department:		Date: _		
Academic Advisor or Departme	ent Chair:	gnature, please save as PDF and e-	mail from your	