

Graduate Prerequisite Waiver

STUDENT ID: _____ NAME (PRINT): _____, _____
LASTFIRSTMI

Phone number: _____ TWU E-mail: _____

Degree: _____ Major: _____ Track / Emphasis: _____

_____ Doctoral _____ Masters _____ Certificate

Course requiring prerequisite: _____

Prerequisite(s) to be waived: _____

Reason for waiver: _____

Course requiring prerequisite: _____

Prerequisite(s) to be waived: _____

Reason for waiver: _____

Course requiring prerequisite: _____

Prerequisite(s) to be waived: _____

Reason for waiver: _____

Course requiring prerequisite: _____

Prerequisite(s) to be waived: _____

Reason for waiver: _____

Department: _____ Date: _____

Academic Advisor or Department Chair: _____

*In lieu of signature, please save as PDF and e-mail from your