Texas Woman's University Office of the Registrar

Doc Type:	SUB					
Description:						
For office use only						

Undergraduate Prerequisite Waiver

STUDENT ID:					
NAME:					
LAST		FIF	RST	MI	
Degree:	Major:		Concentration	:	
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	;				
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Department:		Da	ate:		
Requested by:		Signature:			
	Please print		*In order to be processed when dig Registrar's Office via the advisor's	gitally signed, this form must be s	ubmitted to the