UNDERGRADUATE PREREQUISITE WAIVER REQUEST
OAKLAND UNIVERSITY
SCHOOL OF ENGINEERING & COMPUTER SCIENCE

Please refer to the instructions on the reverse side of this form.

STUDENT NAME: ___________________________  DAY TIME PHONE: ____________

GRIZZLY ID# G00_______________  OU EMAIL: ____________________@ oakland.edu

COURSE: (e.g. EGR 250) _______________  CRN: (e.g. 12345) _______________

MAJOR: _______________  MISSING PREREQUISITE(S):_____________________________

REQUESTED SEMESTER FOR WAIVER: FALL 20___  WINTER 20___  SUMMER 20___

STUDENT JUSTIFICATION FOR WAIVER:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Student Signature:_________________________  Date:_________________________

________________________________________________________________________

INSTRUCTOR RECOMMENDATION  DEPARTMENT CHAIR APPROVAL

COMMENTS:  COMMENTS:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Recommended____  Not Recommended____  Approved_______  Not Approved_______

Instructor’s Name (Print)  Department Chairperson’s Signature

____________________________________  _______________________________

Instructor’s Signature  Date:________________________________

____________________________________  _______________________________

Instructor’s Signature  Date:________________________________

9/2012  Override Completed _________  Date Student Notified___________
INSTRUCTIONS FOR THE PREREQUISITE WAIVER REQUEST FORM

1. Please print or type all of your information clearly.

2. Requests will not be considered which are based upon expected graduation, course scheduling, or conflicts in scheduling.

3. The “Student Justification” should be a brief, clearly stated argument of your case for a waiver of the SECS prerequisite requirement for the course in question. Additional documentation may be required.

4. **It is the applicant’s responsibility to obtain the signature of the instructor of the requested course.**

   The Advising Office will obtain the Department Chairperson’s signature when the waiver request is submitted, by the Advising Office to the Chairperson, for final decision.

5. Return the completed Prerequisite Waiver Request Form to the Undergraduate Advising Office, 159 Dodge Hall of Engineering.

6. Please allow 10 working days for your request to be reviewed. You must plan accordingly.

7. The student will be notified by email or phone call of the decision. The Advising Staff will be unable to check the status of the request before the end of the ten-day processing period.

8. **APPROVAL OF THIS REQUEST DOES NOT GUARANTEE ENROLLMENT IN THE COURSE.**

   **ONCE APPROVED, IT IS THE STUDENT’S RESPONSIBILITY TO REGISTER FOR THE COURSE.**

9. Questions regarding this process should be directed to the Undergraduate Advising Office, (248) 370-2201.

9/2012