

Name of Applicant: \_\_\_\_\_

EMPLID: \_\_\_\_\_

Program: \_\_\_\_\_

Prerequisites waived:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Name of Professor Waiving Prerequisites: \_\_\_\_\_

Signature of Professor Waiving Prerequisites: \_\_\_\_\_

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**\*\*\*\*\*For Office Use ONLY\*\*\*\*\***

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Date of Approval: \_\_\_\_\_