



COURSE WAIVER REQUEST

Fill out entire form and route in accordance with instructions below. Form will not be processed without proper signatures a xed.

NAME Last First Middle DATE

FLORIDA TECH EMAIL

STUDENT ID NO. MAJOR REGISTRATION TERM
Name of program

PROCEDURE

- Student completes form.
Academic advisor/Bisk rep reviews form and, if approves, signs.
Form goes to the head of the academic unit o ering the course to request the waiver.
If approved, waiver form goes to the Registration Center for processing.

COURSE REQUESTED FOR REGISTRATION

CRN PREFIX COURSE NO. SEC COURSE TITLE ACADEMIC UNIT OFFERING COURSE
As stated in the Florida Tech printed or online catalog

MISSING COREQUISITE S OR PREREQUISITE S

PREFIX COURSE NO. R Class R Co-req R Major R Prereq
Check the box for each waiver that is being waived.

JUSTIFICATION FOR THE WAIVER Reason must be articulated

Empty box for justification text

REQUIRED SIGNATURES

Student Date
Student's Academic Advisor/Bisk Rep Date
Print Name
Academic Unit Head Date
Department o ering the course requested for registration
Print Name

OFFICE USE ONLY

Sta Initials Date Processed By Date

FLORIDA'S STEM UNIVERSITY