

Waiver Form for Registration

Name: _____ ID: _____

E-mail: _____ Phone: _____

This waiver valid for (choose one) FALL SPRING MAY SUMMER of _____ (year).

This student has my permission to waive (check *all* that apply):

Prerequisite

Class Restriction

Major/Minor Restriction

Co-requisite/Concurrent Registration

Instructor Approval

Degree Restriction

Department Chair Approval

Time Conflict (indicate the two courses below); The **Instructor's** signature required for the class with altered meeting time

For the following listed courses:

CRN	Department	Course #	Section #	Title

Department Chair Signature: _____ **Date:** _____

For Time Conflict or Instructor Approval Only:
Instructor Signature: _____ **Date:** _____

*The Registrar's Office will enter the waiver information. The student is responsible for registering for the course(s).

*Students wishing to take an independent/directed study must complete an independent/directed study form.

*Department Chair signature must be from the department of the course listed.

*If the course is closed, the student must also complete a closed class form.