

Computer Science Department * Prerequisite Waiver

*Student must meet with advisor and have this form completed with required signatures **before** getting authorization to enroll in the advanced course without the prerequisite.*

Print Name: _____ Major: _____

CWID: _____ MSU Email: _____@mail.montclair.edu

Anticipated Graduation (Semester & Year): _____

Course to be enrolled in (Advanced Course): _____

Prerequisite to be waived for Advanced Course: _____

Reason for Request: _____

Print Advisor Name: _____

Advisor's justifications: _____

Print Advanced Course Instructor's Name: _____

Instructor's comments (Why this particular student should be admitted into the course without the prerequisite): _____

See back of form for signatures →

Student Signature: _____ **Date:** _____

Advisor Signature: _____ **Date:** _____

Advanced Course Instructor Signature: _____ **Date:** _____

Prerequisite Instructor Signature: _____ **Date:** _____

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

Return a completed copy of this form to the Department Administrator (RI 303).