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 →

Revised 9/8/2011
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).

Revised 9/8/2011