

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):

- | | |
|---|---|
| <input type="checkbox"/> Prerequisite | <input type="checkbox"/> Class Restriction |
| <input type="checkbox"/> Major/Minor Restriction | <input type="checkbox"/> Co-requisite/Concurrent Registration |
| <input type="checkbox"/> Instructor Approval | <input type="checkbox"/> Degree Restriction |
| <input type="checkbox"/> Department Chair Approval | <input type="checkbox"/> College Restriction |
| <input type="checkbox"/> 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.