FLORIDA TECH.

COURSE WAIVER REQUEST

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

NAME _____   DATE _____
           Last   *First*   *Middle*

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 offering 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 *As stated in the Florida Tech printed or online catalog*	ACADEMIC UNIT OFFERING COURSE
_____	_____	_____	_____	_____	_____

MISSING COREQUISITE(S) OR PREREQUISITE(S)

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

JUSTIFICATION FOR THE WAIVER *(Reason must be articulated)*

_____

REQUIRED SIGNATURES

Student _____   Date _____

Student's Academic Advisor/Bisk Rep _____   Date _____

Print Name _____

Academic Unit Head _____   Date _____
Department offering the course requested for registration

Print Name _____

OFFICE USE ONLY

Staff Initials_____ Date_____ Processed By_____ Date _____

FLORIDA'S **STEM** UNIVERSITY®