

**Department of Mechanical Engineering
Prerequisite Waiver Request Form**

Student Name: _____ **ID#:** _____

Expected Graduation Date: _____

Student Department: _____

A. Waiver Request

**To: Department Chair
& Department Manager**

Course: _____

Missing Prerequisite: _____

Reason:

Advisor Approval: _____ **Date:** _____

B. Proficiency Exam Required: Yes-

☐

No-

☐

Exam Date: _____

Exam Preparer and Proctor: _____

Result: _____

C. Waiver Granted

Yes-

☐

No-

☐

Student will take Prerequisite: Quarter- _____ Year- _____

Instructor Approval: _____ **Date:** _____

Chair Approval: _____ **Date:** _____