

STUDENT: _____ **PROGRAM:** _____

ID# : _____ **SEMESTER/YEAR:** _____

Test Score Waiver – ACT ASSET or ACCUPLACER scores fall within the “Suggested Decision Zone” for *College Composition I*:

I hereby authorize registration in _____ for the above named student.
(Course # and Title)

Signature of Program Director or Advisor or Faculty

Date

Signature of Student: I have discussed and understand my options.

Date

Signed by Instructor of Affected Course.

Time Conflict Waiver

_____ is in time conflict with _____.
(Course # and Title) (Course # and Title)

As instructor for _____, I hereby consent to the time overlap.
(Course # and Title)

Signature of Instructor

Date

Signed by Instructor/Program Director

Corequisite/Prerequisite Course Waiver

_____ has a corequisite/prerequisite of _____.
(Course # and Title) (Course # and Title)

As instructor for _____, I hereby waive the corequisite/prerequisite.
(Course # and Title)

Signature of Instructor/Program Director

Date

Signed by Program Director of Required Major

Major Restriction Waiver

_____ has a prerequisite of admission to the _____ program.
(Major)

As program director for _____, I hereby waive this requirement.

Signature of Program Director

Date