

WAIVER OF RESTRICTIONS

ID# 990 _____ NAME _____ CLASS YR _____ Undergrad
 Grad

CRN# _____ DEPT _____ COURSE # _____ SECTION# _____ Lab or Discussion CRN# _____

____ Waiver of Prerequisite requirements ONLY → _____
Signature of Dept Chair Date

Instructor Permission required for the following restriction:

- ____ Course requires permission of instructor
- ____ Limited enrollment
- ____ Waiver of ClassYear/Major restrictions

Instructor (printed name) Instructor's Signature Date

Return to the Registrar's Office by the end of the first 10 days of classes.
Submission of this form to the Registrar indicates that the course has been approved by the adviser.
College Hall #102/ext. 2561 rev. 8/07

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