

## WAIVER OF RESTRICTIONS

ID# 990 NAME \_\_\_\_\_ CLASS YR \_\_\_\_\_  Undergrad  
 Grad

CRN \_\_\_\_\_ SUBJ \_\_\_\_\_ COURSE NO \_\_\_\_\_ SECTION \_\_\_\_\_

Instructor Permission required for the following restriction:

\_\_\_ Course open by permission of instructor.

\_\_\_ Course is full/Admitted from the waitlist.

\_\_\_ Waiver of Prerequisite requirements → \_\_\_\_\_  
Signature of Dept Chair Date

\_\_\_ Waiver of Class/Major restrictions

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Instructor (print name) Instructor's Signature Date

**Return to the Registrar's Office by the end of the first ten days of classes.**  
**Submission of this form to the Registrar indicates that the course has been approved by the adviser.**  
**College Hall #6/ext. 2550** rev. 8/04

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