

WAIVER OF PREREQUISITE

Student Name: _____ Course No. _____

TCNJ ID# _____ Course Name: _____

Prerequisite Course No. & Name petitioned to be waived:

Justification for Request: _____

Evidence of Prerequisite Content Knowledge: _____

Faculty Advisor's Signature & Date

Student Signature & Date

Course Instructor Signature & Date

Approval:

Chairperson

Date

Dean

Date