

Prerequisite Waiver Form

Student Instructions: Please fill out all fields in Part A and return the completed for to the Undergraduate Program Coordinator.

		PAF	RT A		
Name:	Last	First	Middle Initial	Phone:	<u> </u>
OU ID#:		Emai			
Course Info	rmation:				
Course(s): Instructor N	lame			Semester:	
Prerequisite	e(s) to be Waived:			Semester:	
		ΡΔΓ			
	ructions: Please deny and the completed forr	or approve, add a	ny comments, and	sign Part B for Course Instru	ictor.
Departmen	t Approval:				
- Approve Deny	Signature:	Course In	structor	Date:	
Approve Deny	Signature:	Undergraduate Studies Cl	nair, Rebecca Scott, Ph.D.	Date:	
Approve Deny	Signature:	Director, Wei	Chen, Ph.D.	Date:	



Additional Faculty Comments:
