Biomedical Engineering Prerequisite Waiver Form

Please fill out the following fields and attach a coded flowchart or GPS with projected graduation plan and return form to the Student Programs Coordinator.

Part A

Student Name: ______________________________ OU ID#:_______________________

Daytime Phone: ______________________      OU email: __________________________

Course information:

Course name, number and semester student plans to take: ____________________________

Name of Instructor:_______________________________________

Pre-requisite(s) to be waived: _______________________________

Reason for not meeting the prerequisite(s) listed above; attach supporting documents, if any:

Part B

Faculty: Please sign, deny or approve, include any additional comments and pass on to the next person

Recommendations:

A. Undergraduate Studies Chair: Chair Name: Sarah Breen Approve / Deny
Signature _______________________________ Date: _______________

B. Instructor of the course: Instructor Name: __________________________ Approve / Deny
Signature _______________________________ Date: _______________

C. Director: Director Name: Michael Detamore Approve / Deny
Signature _______________________________ Date: _______________

Student Programs Coordinator: Action and Date __________________________________________
Additional Faculty Comments: