



Office of the Registrar

# Waiver Form for Registration

Name: \_\_\_\_\_ ID: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

This waiver is valid for (choose one)  FALL  SPRING  MAY of \_\_\_\_\_ (year).

This student has my permission to waive:

Prerequisite\*  Co-requisite/Concurrent Registration

Degree Restriction  Major Restriction

Minor Restriction  Class Restriction

Department Chair/Instructor Approval

Time Conflict (indicate the two courses below);  
Department Chair and Instructor signatures required

\* If course has prerequisites or consent, please check prerequisite box.

For the following listed courses:

CRN	Department	Course #	Section #	Title

Department Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Time Conflict or Instructor Approval Only:

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*The Registrar's Office will enter the waiver information. The student is responsible for registering for the course(s).

\*Students wishing to take an independent/directed study must complete an independent/directed study form.

\*Department Chair signature must be from the department of the course listed.

\*If the course is closed, the student must also complete a closed class form.