EECS PRE-REQUISITE WAIVER FORM

PLEASE NOTE: A Completed Graduation Plan MUST be attached

(Graduation Plan form available at gradplan.eecs.ku.edu)

Student Name (Print):		KU ID:	
Email:	Major:	Cumulative G	PA:
Date of 1 st KU Semester:		Est. Date of Graduation:	
I respectfully request the fo	llowing pre-re	quisite be waived: Course	
Prerequisite:			
Course Enrolling In:			
Reason for Exception:			
Semester Planning to Take	Course:		
Student Signature			Date
ADVISOR			
Approved Not Approved			
Advisor's Signature			Date
DEPARTMENT			
Approved Not Approved			
Department's Signature			Date
ASSOCIATE DEAN OF ENGI	NEERING		
Approved Not Approved			
Associate Dean's Signature			Date

^{**}USE A SEPARATE PRE-REQUISTE WAIVER FORM FOR EACH UNRELATED REQUEST**