

The University of Louisiana at Monroe
College of Arts and Sciences
Advising Form: **Prerequisite Waiver**

| | | |
|------------|----------------------|------------|
| Name _____ | Student Number _____ | Date _____ |
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|---------------|-------------|----------------------|
| Advisor _____ | Major _____ | Cumulative GPA _____ |
|---------------|-------------|----------------------|

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|--------------|-------------------------------------|
| Course _____ | Requested Prerequisite Waiver _____ |
|--------------|-------------------------------------|

Reason for Waiver _____

Please attach a degree check sheet.

Student's Signature and Date _____

Advisor's Signature and Date _____

- Approve
- Disapprove

Course Instructor's Signature and Date _____

- Approve
- Disapprove

Student's Department Head's Signature and Date _____

- Approve
- Disapprove