



Information Systems and Technology

Request to Take a Course without Prerequisite(s)

Semester:

Fall Year: Spring Year: Summer Year:

Name: (last, first, middle) Student ID:
Email: Phone:

Course Number: Course Title:

Required Prerequisite(s): Justification: Give specific reasons why you are qualified to take the class without completing the specified prerequisite.

I understand that taking this course without the prerequisite(s) puts me at risk of not successfully completing this course. I am taking full responsibility of this risk.
Student Signature: Date:

FOR DEPARTMENT USE ONLY Approved Denied Date Advisor entered on UV Link below:
Comments:
Instructor Signature & Date below: Department Chair Signature & Date below: