Computer Science Department * Prerequisite Waiver

Student must meet with advisor and have this form completed with required signatures before getting authorization to enroll in the advanced course without the prerequisite.

Print Name: ____________________________________     Major: ___________________________________

CWID: _________________________       MSU Email: __________________________@mail.montclair.edu

Anticipated Graduation (Semester & Year): __________________________________________________________

Course to be enrolled in (Advanced Course): __________________________________________________________

Prerequisite to be waived for Advanced Course: __________________________________________________________

Reason for Request: __________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Print Advisor Name: ________________________________________________________________________

Advisor’s justifications: ______________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Print Advanced Course Instructor's Name: __________________________________________________________

Instructor’s comments (Why this particular student should be admitted into the course without the prerequisite): ______________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

See back of form for signatures →

Revised 9/8/2011
Student Signature: _______________________________ Date: ________________

Advisor Signature: _______________________________ Date: ________________

Advanced Course Instructor Signature: _______________________________ Date: ________________

Prerequisite Instructor Signature: _______________________________ Date: ________________

Department Chair Signature: _______________________________ Date: ________________

*Return a completed copy of this form to the Department Administrator (RI 303).*

Revised 9/8/2011