



STATE TECHNICAL COLLEGE of MISSOURI

WAIVER OF PREREQUISITE REQUIREMENTS

Student Name (printed)

ID Number

Major

As a student at State Technical College of Missouri, I request to be enrolled in the following class(es) even though I have not yet fulfilled the prerequisite requirement(s) for the class(es).

Course Number	Course Title	Semester and Year
1.		
2.		

Additionally, any information I have supplied to my instructor/advisor/department chair regarding my qualifications for the class(es) listed above is accurate and complete. I have been advised of the importance of completing the prerequisites to successfully complete these classes.

Therefore, I accept full responsibility for my decision to enroll in the class(es) listed above despite not having completed the prerequisites. Should I need extra help or tutoring to successfully complete the classes, I will accept the responsibility of finding and utilizing the available resources as necessary.

I also accept any and all consequences related to my enrollment in the class(es) listed above. Specifically, I realize that I will be responsible for retaking the class(es) at my own expense to meet graduation requirements if I do not successfully complete the class(es) when taking them without the prerequisite(s).

Student Signature

Date

I approve waiving the pre-requisite(s) for Course #1 listed above.

Course #1 Department Chair Signature

Date

I approve waiving the pre-requisite(s) for Course #2 listed above.

Course #2 Department Chair Signature

Date