

## PREREQUISITE WAIVER REQUEST

The purpose of this form is to request permission to enroll in a course for which there is a required prerequisite without having completed that requirement. This request can only be made when the prerequisite is not a condition of graduation. Completion of this form by the student does not guarantee approval. The student is responsible to obtain the signature of each of the parties listed below and submit the form as instructed.

**Student Name:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_

**Year:** \_\_\_\_\_  Fall  Spring  Summer

**The course in which I wish to enroll is:**

**Course Code and Section:** \_\_\_\_\_ **Credits:** \_\_\_\_\_

**Course Title:** \_\_\_\_\_

**The prerequisite that I wish to waive is:**

**Course Code and Section:** \_\_\_\_\_ **Credits:** \_\_\_\_\_

**Course Title:** \_\_\_\_\_

**My signature below indicates all of the following regarding the course in which I wish to enroll:**

I have read the description of the course in the Pennsylvania Highlands Community College Catalog of the current academic year.

I understand there is prerequisite knowledge necessary to succeed in that course.

I am confident that I can succeed in the course without completing the academically approved prerequisite listed in the Pennsylvania Highlands College Catalog.

I take full responsibility for my academic progress in this course.

I will be ineligible for College-sponsored tutoring services for this course if I waive the prerequisite.

I understand that if this request is not approved by the faculty member teaching the course, I am required to complete the prerequisite.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- Approved  
 Reservations regarding approval discussed with student  
 Student has met requirements through testing.  
• Please provide documentation. Score: \_\_\_\_\_

**Advisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Approved  Not approved

**Dean, Office of Instruction Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*This form must be attached to your semester Registration Form.*

*Return this completed form to the Registrar's Office.*

*Fax # (814) 269-3008 or Email: [Registrar@pennhighlands.edu](mailto:Registrar@pennhighlands.edu)*

Office Use Below This Line

Received by: \_\_\_\_\_  
Date: \_\_\_\_\_