

# COURSE PREREQUISITE WAIVER FORM

## WAIVER INFORMATION

\_\_\_\_\_  
Student Name *(Please print)*

\_\_\_\_\_  
ID Number

\_\_\_\_\_  
MCC student email address

Prerequisite course number: \_\_\_\_\_ Course number requiring prerequisite waiver: \_\_\_\_\_

Reason(s) for waiver:

Student has bachelor's college degree  Student has been successful in similar courses

Other: \_\_\_\_\_

\_\_\_\_\_  
Faculty signature

\_\_\_\_\_  
Date

OR

Transfer student, unofficial transcript reviewed; official transcript not yet received

Other: \_\_\_\_\_

\_\_\_\_\_  
Registrar or Counselor signature

\_\_\_\_\_  
Date

## STUDENT CONSENT

**This form must be presented at the time of course registration.**

I understand that this waiver allows enrollment into \_\_\_\_\_ (*course number*) without having met a course prerequisite. I further understand that I may experience the need to put in extra time and effort to be successful in this course. This is solely my responsibility.

I also understand that I must fulfill all degree requirements and prerequisites for other courses.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

*Office use:*

E-mail notification has been sent to student \_\_\_\_\_  
if form not signed by student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Initials

Completed form must be scanned



**Montcalm Community College**