

STUDENT: \_\_\_\_\_ PROGRAM: \_\_\_\_\_

ID# (SS#): \_\_\_\_\_ SEMESTER/YEAR: \_\_\_\_\_

**Test Score Waiver** – ACT ASSET or ACCUPLACER scores fall within the “Suggested Decision Zone”:

I hereby authorize registration in \_\_\_\_\_ for the above named student.  
(Course # and Title)

\_\_\_\_\_  
Signature of Program Director or Advisor or Faculty Date

\_\_\_\_\_  
Signature of Student: I have discussed and understand my options. Date

Signed by Instructor of Affected Course.

**Time Conflict Waiver**

\_\_\_\_\_ is in time conflict with \_\_\_\_\_.  
(Course # and Title) (Course # and Title)

As instructor for \_\_\_\_\_, I hereby consent to the time overlap.  
(Course # and Title)

\_\_\_\_\_  
Signature of Instructor Date

Signed by Instructor/Program Director

**Corequisite/Prerequisite Course Waiver**

\_\_\_\_\_ has a corequisite/prerequisite of \_\_\_\_\_.  
(Course # and Title) (Course # and Title)

As instructor for \_\_\_\_\_, I hereby waive the corequisite/prerequisite.  
(Course # and Title)

\_\_\_\_\_  
Signature of Instructor/Program Director Date

Signed by Program Director of Required Major

**Major Restriction Waiver**

\_\_\_\_\_ has a prerequisite of admission to the \_\_\_\_\_ program.  
(Major)

As program director for \_\_\_\_\_, I hereby waive this requirement.

\_\_\_\_\_  
Signature of Program Director Date