SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

# Pre-requisite/Restriction Waiver

Name _____ ID # _____ Date _____ Term & Year _____

**Instructions:** It is required that all students satisfy pre-requisites and restrictions prior to enrolling in classes. Departments wishing to allow a student to register without having satisfied the requirements set for the class should either grant electronic authorization or submit written authorization on this form. Only the department offering the class may waive pre-requisites or restrictions. For example, the math department may only override a pre-requisite in a MATH class. **Students MUST return the completed form to the Service Center, RH 1309, for processing.**

Note: When consent is required (Instructor, Advisor, or Department), the written authorization may be noted on the *Registration* form since this is not a waiver of a pre-requisite or restriction. Also note that this form may NOT be used to authorize time conflicts on student's schedules. This form authorizes the waiver for the current term only, and will not be applicable to waive pre-requisites or restrictions on future courses.

The following are examples of restrictions that could be preventing enrollment. Since multiple restrictions could be preventing enrollment, **please be specific** when noting what is being waived in the space provided.

- Classification Restriction
- College Restriction
- Major Restriction
- Pre-Requisite/Test Score
- Degree Restriction
- Program Restriction

**List course information and approval reason(s); obtain approval signatures for 1st course:**

| CRN | Dept/Course Number | Section Number | Credit Hours | Approval Signature | Date |
|---|---|---|---|---|---|
| | | | | | |
| Waive the following pre-requisite(s) and/or restriction(s): | | | | | |

**List course information and approval reason(s); obtain approval signatures for 2nd course:**

| CRN | Dept/Course Number | Section Number | Credit Hours | Approval Signature | Date |
|---|---|---|---|---|---|
| | | | | | |
| Waive the following pre-requisite(s) and/or restriction(s): | | | | | |

**Student Agreement:** I am requesting the above additions to my class schedule and accept full responsibility for the accuracy of this request. I understand that it is my responsibility to ensure that I am sufficiently prepared for the class in which I am enrolling and that I will be graded based on my performance in the class without regard to pre-requisites or special authorization for enrollment. In addition, I am aware that while pre-requisites may have been waived for registration reasons, my degree and/or major/minor requirements have not been modified in any way.

_____

**Student Signature (required)** **Date**



**Service Center Use Only**

| Processed by: |
|---|
| Date: |