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Texas Woman's University
Office of the Registrar

# Graduate Prerequisite Waiver

STUDENT ID: _____ NAME (PRINT):_____, _____
LAST FIRST MI

Phone number: _____ TWU E-mail: _____

Degree: _____ Major: _____Track / Emphasis: _____

☐ Doctoral ☐ Masters ☐ Certificate

**Course requiring prerequisite:** _____

Prerequisite(s) to be waived: _____

Reason for waiver: _____

**Course requiring prerequisite:** _____

Prerequisite(s) to be waived: _____

Reason for waiver: _____

**Course requiring prerequisite:** _____

Prerequisite(s) to be waived: _____

Reason for waiver: _____

**Course requiring prerequisite:** _____

Prerequisite(s) to be waived: _____

Reason for waiver: _____

Department: _____ Date: _____

Academic Advisor or Department Chair: _____
*In lieu of signature, please save as PDF and e-mail from your