Doc Type: SUB
Description: _____
For office use only

Texas Woman's University
Office of the Registrar

Undergraduate Prerequisite Waiver

STUDENT ID: _____

NAME: _____, _____ _____
LAST FIRST MI

Degree: _____ Major: _____ Concentration: _____

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: _____

Requested by: _____ Signature: _____
Please print

*In order to be processed when digitally signed, this form must be submitted to the Registrar's Office via the advisor's TWU e-mail.