

# Department of Mechanical Engineering

## Waiver of Prerequisites(s) Request

NAME: \_\_\_\_\_ USC ID: \_\_\_\_\_

Semester & Year: \_\_\_\_\_ GPA: \_\_\_\_\_

Course for which the prerequisite(s) waiver is being requested.

Course Number	Course Title

Which prerequisites will you be taking at the same semester?

Course Number	Course Title

Which corequisites or prerequisites not completed that you will NOT be taking at the same semester?

Course Number	Course Title

### Reason for Request

Current Advising form MUST BE ATTACHED

Student Signature: \_\_\_\_\_

Course Instructor Signature: \_\_\_\_\_  Approved  Disapproved

Undergraduate Committee Signature: \_\_\_\_\_  Approved  Disapproved

Department Chair Signature: \_\_\_\_\_  Approved  Disapproved