

NEW MEXICO TECH – Pre-Requisite/Co-Requisite Waiver

Name _____ ID# _____ Semester _____ 20____
(Last) (First)
Email Address _____

I hereby give my **permission** for the above student to enroll in:

| <u>CRN</u> | <u>Dept. Name & Course #</u> | <u>Section</u> | <u>Sem. Hrs.</u> |
|------------|----------------------------------|----------------|------------------|
| _____ | _____ | _____ | _____ |

Student has not successfully completed the following pre-requisite/co-requisite(s): _____

All Signatures are required. (NO APINS)

| | |
|--|--------------|
| Instructor Signature _____ | _____ (Date) |
| Advisor Signature _____ | _____ (Date) |
| Student Signature _____ | _____ (Date) |
| Dean of Eng. Signature _____ For Engineering Courses Only | _____ (Date) |

REVISED 12/2019

Note: [Waivers granted without strong justification can adversely impact accreditation.](#)
[Instructor's justification \(student's request attached\):](#)

[Academic Advisor's justification:](#)

[Department Chair's justification + signature:](#)