Request to Waive a Prerequisite/Corequisite
Department of Chemical and Biological Engineering
Iowa State University

General Statement: The primary purpose of prerequisites and corequisites is to ensure students possess the necessary skills to be academically successful. However, there may be exceptional cases where students acquire the requisite skill or knowledge through other means. This request form is designed to serve as a record of official approval for any prerequisite or corequisite courses that are waived for CH E courses.

Instructions: Students requesting a waiver should fill out the items listed below. All requests must be discussed with your assigned Academic Adviser and their signature obtained. You will then need approval from the CH E instructor. Appropriate documentation to support any acceptable waiver must be attached to this request and kept on file.

Student Name: ___________________________  University ID: ___________________________
Student E-mail: _________________________  Catalog Year: _______  Enrollment Term: _____
Requested course: ________________________  Prerequisite(s)/corequisite(s): ________________________

Complete one of the following options listed and attach supporting documents required:

☐ An ISU course equivalent or a transfer equivalent
  • Identify course, semester completed, and grade
  • Attach appropriate documentation (eg. your transcript)
  • Attach a separate typed statement to support your request

☐ Demonstrated competency in the content of the prerequisite/corequisite. Competency is obtained through professional application or life experiences that are deemed equivalent to or supersede the prerequisite or corequisite
  • Attach a separate typed document to support your request

Adviser’s Signature: ___________________________  ☐ Support  ☐ Do not support
Adviser Note:

FOR DEPARTMENT USE ONLY:
1. Decision:
   Instructor name (printed): ___________________________
   Instructor Signature: ___________________________  Date: _____________
   ☐ Approved-- Requires instructor justification  ☐ Denied
   Return completed form to CBE Student Services Center (2162 Sweeney Hall)
2. Date student informed by adviser: ___________________________
Instructor Comments (required if approved): ___________________________

(Updated 2/1/17)