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. Note that attempting and failing a prerequisite course is not a demonstration of competency, and advisers will reject these waiver requests without instructor review. Instructor decisions are final and advisers will reject subsequent waiver requests in the same semester for the same course without instructor review.

Student Name: ___________________________ University ID: ____________
Student Email: ___________________________ 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 (e.g., 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 statement to support your request

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

FOR DEPARTMENT USE ONLY:
1. Decision: ☐ Approved – Requires Instructor Justification ☐ Denied

Instructor Name (Printed): _______________________

Instructor Signature: __________________________ Date: __________________________
Return completed form to CBE Student Services Center (2162 Sweeney Hall)

2. Date student informed by adviser: _______________________
Instructor Comments (Required if Approved):

(Updated 10/17/17)