

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):