



**Jefferson**

Philadelphia University +  
Thomas Jefferson University

HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

Registrar's Office

Initials:    Date:

**Pre-Requisite Waiver Form – JCHP**  
**Jefferson College of Health Professions**

Registrar's Office (East Falls)

Email: [TJU\\_EF\\_Registrar@jefferson.edu](mailto:TJU_EF_Registrar@jefferson.edu)

Student's Last Name: \_\_\_\_\_ Student's First Name \_\_\_\_\_

Student's Email: \_\_\_\_\_

Student Campus Key: \_\_\_\_\_ Term:    \_\_\_ FL    \_\_\_ SP    \_\_\_ SM

Student's Program of Study: \_\_\_\_\_

Advisor's Name: \_\_\_\_\_

Catalog Year: \_\_\_\_\_ Anticipated Date of Graduation: \_\_\_\_\_

**Completed signatures do not guarantee registration for the class. Please allow time for processing. Once the form is processed the student will be notified by email and can then register themselves for the course through BannerWeb. Students will not be able to register if they have any holds, time conflict with another course, the course is closed, incomplete forms or prior to their ticket time.**

*Pre-Requisite Waiver Request for:*

**Course Prefix and Number (e.g. Acct 102):**

\_\_\_\_\_  
*(Course(s) to be taken)*

**Course Prefix and Number (e.g. Acct 102):**

\_\_\_\_\_  
*(Course(s) waived)*

*Type of Waiver:*

\_\_\_ **Pre-Requisite Waiver** (*pre-requisite still required for graduation in program*)

\_\_\_ **Pre-Requisite Waiver** (*pre-requisite waived, taking course above for credit*)

\_\_\_ **Pre-Requisite Waiver** (*with additional co-enrollment in a specific course*)

New Required Co-Enrollment Course Name & Title: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**Advisor Signature** \_\_\_\_\_

**MAO or Authorized Signature:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**MAO Email:** [Joseph.Botley@jefferson.edu](mailto:Joseph.Botley@jefferson.edu) **Date:** \_\_\_\_\_

**2nd Approval (optional)** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Please send completed form to Registrar's Office: [TJU\\_EF\\_Registrar@jefferson.edu](mailto:TJU_EF_Registrar@jefferson.edu) or**

Thomas Jefferson University, Registrar's Office (East Falls) 4201 Henry Ave. Archer Hall, Philadelphia, PA 19144 Fax: 215-951-2742