

Registrar's Office Initials: Date:

## Pre-Requisite Waiver Form – CABE College of Architecture & the Built Environment

Registrar's Office (East Falls)
Email: 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:
the form is processed the studenthrough BannerWeb. Students	arantee registration for the class. Please allow time for processing. Once at will be notified by email and can then register themselves for the course will not be able to register if they have any holds, time conflict with another complete 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-re-	equisite still required for graduation in program)
Pre-Requisite Waiver (pre-re	equisite waived, taking course above for credit)
Pre-Requisite Waiver (with a	additional co-enrollment in a specific course)
New Required Co-Enrollment Course	Name & Title:
Comments:	
Advisor's Signature:	MAO or Authorized Signature:
Email:	Date: MAO Email: Sarah.Bott@jefferson.edu Date:
2nd Approval (ontional)	Fmail: