Course Prerequisite Waiver Request Form

DEGREE SEEKING STUDENTS
Return this form along with a copy of your academic transcript* and the applicable course descriptions from another college or university indicating that you have met the required prerequisite(s) for the course you want to register. (A syllabus may be required.) If based on AP testing or IB course work, attach your AP or IB Score Report. Also, be sure you are eligible to register before submitting this form.

*Only official transcripts will be evaluated by the Student Records Office for applicability in such areas as transfer credits and degree requirements.

NON-DEGREE SEEKING STUDENTS
Non-degree seeking students require approval from the Associate VP for Instruction and Assessment. Unofficial transcripts are acceptable for non-matriculated students.

Student's Name: ______________________________ Date of Request: ______________

Student ID: ____________________ Phone #: ____________________ Semester: __________

College E-mail Address/Other E-mail Address ________________________________

Request waiver of prerequisite for: ____________________________

Subject: _________ Course #: ____________

(ex: ENG) (ex: 102)

Prerequisite course(s) required for course listed above (as stated in the most current FLCC course description): ________________________________

Rationale:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Email (registrar@flcc.edu) or bring the completed form and transcript(s) to the Student Records Office. A Student Records specialist will review the rationale and documentation and forward to the appropriate office for approval. **Waiver decisions will be emailed to the email address provided above.** Please allow at least two business days for processing. If you have any questions, please call the OneStop at 585-785-1000.

Submit all prerequisite documentation with this form. This request cannot be processed without this information.

Approved: _____________ Denied: _____________

Rationale:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Authorized Signature ___________________________ Date ___________________________

Processed by: ___________________________ Date: ___________________________