

CIS Prerequisite Waiver Form

Step 1. Student Information

First Name	Last Name
Tech ID	High School
Check one <input type="checkbox"/> Fall <input type="checkbox"/> Spring	Year

Requesting Prerequisite Waiver for the following course:

Course ID #	Subject	Course #	Section	Credits	Instructor Name
Student Name		Date		Student Signature	

Step 2. High School Instructor: Why should prerequisites be waived for this student? Please provide rationale, e.g. previous academic achievement, high school GPA, test scores.

Printed Name	Signature	Date
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Step 3. High School Counselor / Staff: Please sign and send form to natalia.depauw@clcmn.edu.
NOTE! Final approval of this waiver request will be made by CLC faculty collaborator.

Printed Name	Signature	Date
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Step 4. CLC Collaborator: Please complete and return to natalia.depauw@clcmn.edu .		
Check one <input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Collaborator comments		
Printed Name	Signature	Date