

## **CIS Prerequisite Waiver Form**

## **Step 1. Student Information**

First Name			Last Name			
Tech ID			High School			
Check one	□ Fall □ Sp	oring	g Year			
Requesting Prerequisite Waiver for the following course:						
Course ID#	Subject	Course #	Section	Credits	Instructor Name	
Student Name		Date		Student Signature		
<b>Step 2. High School Instructor:</b> Why should prerequisites be waived for this student? Please provide rationale, e.g. previous academic achievement, high school GPA, test scores.						
Printed Name	e	Signature			Date	
Step 3. High School Counselor / Staff: Please sign and send form to <a href="mailto:natalia.depauw@clcmn.edu">natalia.depauw@clcmn.edu</a> .  NOTE! Final approval of this waiver request will be made by CLC faculty collaborator.						
Printed Name		Signature	Signature			Date
Step 4. CLC Collaborator: Please complete and return to <a href="mailto:natalia.depauw@clcmn.edu">natalia.depauw@clcmn.edu</a> .  Check one						
Printed Nar	ne	Signature				Date

Brainerd Campus | 501 West College Drive, Brainerd, Minnesota 56401 | 800-933-0346 | (218) 855-8000 Staples Campus | 1830 Airport Road, Staples, Minnesota 56479 | 800-247-6836 | (218) 894-5100 www.clcmn.edu

CLC is an equal opportunity educator and employer. ADA accessible.