

CIS Prerequisite Waiver Form

Step 1. Student Information

First Name			Last Name			
Tech ID			High School			
Check one ☐ Fall ☐ Spr		ring 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	
Step 3. High School Counselor / Staff: Please sign and send form to advising@clcmn.edu . NOTE! Final approval of this waiver request will be made by CLC faculty collaborator.						
Printed Name		Signature			Date	
Step 4. CLC Collaborator: Please complete and return to advising@clcmn.edu .						
Check one						
Collaborator comments						
Printed Name		Signature				Date

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