CIS Prerequisite Waiver Form

Step 1. Student Information

First Name	Last Name
Tech ID	High School
Check one ☐ Fall ☐ 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

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 ☐ Approved ☐ Denied

Collaborator comments

Printed Name	Signature	Date