

## PREREQUISITE WAIVER

Student Name (print): \_\_\_\_\_

S#: \_\_\_\_\_ Phone#: \_\_\_\_\_

Email: \_\_\_\_\_@student.cccs.edu

**Note:** Your official CCD email account is the only email CCD will accept for correspondence

I, \_\_\_\_\_, S# \_\_\_\_\_, have been fully informed of the risks involved in not taking the recommended pre-requisite course. I am making the decision to opt out of the prescribed pre-requisite courses that were recommended to me by my academic advisor at CCD. Should I fail to complete the course with a "C" or above, I take full responsibility for this decision, which will be taken into consideration, should I file for an academic appeal.

Course Waived: \_\_\_\_\_

Credit Hours: \_\_\_\_\_ Student/Advisor Initials: \_\_\_\_\_

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Credit Hours: \_\_\_\_\_ Student/Advisor Initials: \_\_\_\_\_

Course Waived: \_\_\_\_\_

Credit Hours: \_\_\_\_\_ Student/Advisor Initials: \_\_\_\_\_

**I understand the risks involved in waiving prerequisite courses and I have decided not to follow the placement recommendation for the courses stated above.**

Student Name (print): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I met with the student, provided best advice and explained the potential impact of not completing the course pre-requisites.**

Advisor Name (print): \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This form can only be used to waive Developmental Education prerequisites, and should not be used to waive content area prerequisites. For example, a student cannot waive the BIO 111 course to register for BIO 112.*