

Special Approval / Restriction Waiver

Personal Information

M Number: _____

Name (please print): _____
Last First

Course Information

CRN #: _____ Semester / Year: _____

Course Name: _____

Type of Waiver

- Major (Dept) # Credits Research _____
- Level (Dept)
- Special Approval*
- Prerequisite (Inst)
- Corequisite (Inst)
- Class Restriction to be Waived (Inst)

Course Dept.: _____

Course Instructor: _____

*The required signature is based on code listed in time schedule booklet: A1 = Instructor, A2 = Department