

---

Undergraduate  
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)
- 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