

**School of Business
Prerequisite Waiver**

Student's Name: _____ E-Number: _____

Local Phone: _____ Email: _____

Major: _____

Minor: _____ Concentration: _____

Expected Term/Year of Graduation: _____ Catalog Year: _____

Course Number and Title: _____

Request:

Reason:

Advisor's Recommendation:

Approve: _____ Deny: _____

Academic Advisor Name Printed/Signature

Date

Comments: _____

Assistant Chair's Recommendation:

Approve: _____ Deny: _____

Assistant Chair's Signature

Date

Comments: _____

Associate Chair's Decision:

Approved: _____ Denied: _____

Associate Chair's Signature

Date

Comments: _____

Copy sent to EIU Advisor (date): _____

Original forwarded to Certification Officer of student's college (date): _____