

School of Engineering and Computer Science Academic Advising Office

255 Engineering Center 115 Library Drive Rochester, Michigan 48309-4479

Undergraduate Prerequisite Waiver Request

Phone: 248-370-2201 | Fax: 248-370-2084

www.oakland.edu/secs

Instructions

1. Complete all available fields below electronically.

2. Print and sign the form.

3. Obtain approval signatures from course instructor and Department Chair. 4. Submit completed form to the SECS Advising Office, 255 EC. An email notification will be sent when the override has been processed.					
Student G#:	Last Name(s):		ne(s):	First Name(s):	
OU Email:			Major:		
Phone:			Second Major (if applicable):	_	
I would like permission to enroll in the following course without the prerequisite(s):					
Semester	Year	Course (e.g. EGR 2400)	Course Title	Lis	st ALL Missing Prerequisites
Student Justification for Waiver (waivers are not intended to accommodate schedule conflicts): Student Signature: Date:					
Instructor Recommendation & Comments (to be completed by instructor of course missing prerequisite): Recommended: Not Recommended:					
Institution Netto	micidadoli	& comments (to be comp	neces by monucion of course missing prerequisite).	Accommended.	
		-		Date:	
Department Chair/Program Coordinator Approval & Comments:				Approved:	Not Approved:
Department Ch	air/Program	Coordinator Signature:		Date:	
THIS SECTION To be Completed by SECS Advising Office					
Adviser Signature: Date Override Completed:					Revised 8/11/17