OAKLAND UNIVERSITY™

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

Student G#: _____

Last Name(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	List 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:** ☐

Instructor Signature: _____   **Date:** _____

Department Chair/Program Coordinator Approval & Comments: **Approved:** ☐   **Not Approved:** ☐

Department Chair/Program Coordinator Signature: _____   **Date:** _____

THIS SECTION To be Completed by SECS Advising Office

Adviser Signature: _____   **Date Override Completed:** _____

Revised 8/11/17