

# Department of Mechanical Engineering

## Waiver of Prerequisite(s) Request

Name: \_\_\_\_\_ USC ID: \_\_\_\_\_.

Semester & Year: \_\_\_\_\_ GPA: \_\_\_\_\_.

Course for which the prerequisite(s) waiver is being requested.

Course Number	Course Title

Which prerequisites will you be taking at the same semester?

Course Number	Course Title

Which Corequisites or prerequisites not completed that you will NOT be taken at the same semester?

Course Number	Course Title

### Reason for Request

Student Signature: \_\_\_\_\_.

Submit this form to Renee Jenkins [jenkinsr@cec.sc.edu](mailto:jenkinsr@cec.sc.edu) or 300 Main, A229

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Official Use Only:

Undergraduate Director Signature: \_\_\_\_\_  Approved  Disapproved

Course Instructor Signature: \_\_\_\_\_  Approved  Disapproved

Department Chair Signature: \_\_\_\_\_  Approved  Disapproved