

Prerequisite Waiver Request Form

Biomedical Engineering

General Statement: The primary purpose of prerequisites and corequisites is to ensure students possess the necessary skills to be academically successful. However, there may be exceptional cases where students acquire the requisite skill or knowledge through other means. This request form is designed to serve as a record of official approval for any prerequisite or corequisite courses that are waived for BME course.

Instructions: Students requesting a waiver should fill out the items listed below. All requests must be discussed with your assigned Academic Advisor and their signature obtained. You will then need approval from the BME instructor followed by the Professor in Charge of the BME Program, Dr. Schneider. Appropriate documentation to support any acceptable waiver must be attached to this request and kept on file.

Name: _____ Student ID: _____

Email: _____ Classification: _____ Catalog: _____

Enrollment Term: _____ Course: _____

Prerequisite(s)/Corequisite(s) to Waive: _____

Reason for Request:	ISU or Transfer Course Equivalent <input type="checkbox"/> <ul style="list-style-type: none">Identify course, semester completed, and gradeAttach appropriate documentation (e.g. syllabus)Attach a separate typed statement to support your request
	Demonstrated Competency. Competency is obtained through professional application or life experiences that are deemed equivalent to or supersede the prerequisite or corequisite <input type="checkbox"/> <ul style="list-style-type: none">Attach a separate typed document to support your request

Advisor Signature

Date

Instructor Name

Decision: Approved Denied

Instructor Signature

Date

Comments (required if approved, indicate the specific classes or training to suffice for the prerequisite):

BME Professor in Charge Signature

Date