



College of Health & Human Services –Academic Advising
University Park, IL 60484
Email to krobinson@govst.edu

Request to Waive Prerequisite Course

Academic Advisor: _____ Date: _____

Student Name: _____
Last *First* *ID# (required)*

I want to register for: _____
Course# (i.e. HLSC 4500) *Course Name (i.e. Research Methods)* *Section# (i.e. 01)*

Which term do you want to register for this class: Spring Summer Fall Year _____

Reason for request (*do not leave blank*):

Student Signature *Date*

FOR DEPARTMENT USE ONLY

Advisor Signature *Date Processed*

Final Decision : Approved Denied & Reason: _____