

COURSE PREREQUISITE WAIVER & ADD FORM



Office of the Registrar – CRA 3900
Phone 760-750-4814; Fax 760-750-3700
Email: registrar@csusm.edu

Term: Spring ____ Summer ____ Fall ____
Are you enrolling through Open University? Yes No

Student: Your signature authorizes the change to your class schedule. Should your plans change, you will be responsible for dropping or withdrawing based on the deadlines and procedures in the Class Schedule.

Print: Last Name, First Name	Student ID	Email: ... @csusm.edu	Signature	Date

Student completes this portion:			Required from Faculty or Designee – Faculty/designee's signature authorizes an override of course prerequisites.		
Class Number	Course Title	Units	Permission Number	Faculty or Designee Signature	Date

Office Use:

Processed By: _____ Date: _____ *This form replaces the Schedule Adjustment Form – Effective April, 2008. Office of the Registrar.
