PETITION FOR PREREQUISITE EXCEPTION OR WAIVER

School of Engineering and Computer Science
San Francisco State University

Student name _____
(last, first, middle initial)

Major _____ Student status _____
(freshman, sophomore, junior, senior)

Student number ___ ___ ___ – ___ ___ – ___ ___ ___ ___

Course number _____

Prerequisite(s) to be waived _____

Name of instructor approving waiver _____

Instructor's justification for waiver:

Instructor's signature of approval:

_____
(date)

School Director's signature of approval:

_____
(date)

2/18/04