Name: ______________________________________

CUID# __ __ __ __ __ __ __ __ __ __ __ __ Email: __________@clemson.edu

Major: ______________________________ Minor: _____________________________

GPA: _______ Advisor: ______________________ Semester: ________________

Course Information

Course Number: ________ Course title: __________________________________ CRN#:_____________

Course prerequisites and co-requisites (as listed in undergraduate announcements) : ____________________________

_________________________________________________________________________________________________

Instructor: ___________________________________

Course Pre- or Co-requisite being exempted: ____________________________________________________________

Detailed Justification for exemption from fulfilling course pre- or co- requisite: _________________________________

_________________________________________________________________________________________________

Approval

I agree with the above statements and am aware that not having the required pre- or co-requisites for my course is against the overall advice of the department.

Student name:______________________ Signature:_____________________ Date:____

I permit the above student to enroll in my course without the catalog listed pre or co-requisite. I have informed the student of the difficulties that this exemption may incur in the course

Instructor name:______________________ Signature:_____________________ Date:____

I understand that my advisee is taking a course without a pre-requisite.

Advisor name:______________________ Signature:_____________________ Date:____