Request to Waive a Pre-requisite or Co-requisite for an ABE or TSM Course

Department of Agricultural and Biosystems Engineering
Iowa State University

Instructions: Please complete the middle (blue-text) portion of the form, then submit electronic copy to your ABE Academic Adviser and schedule a meeting to discuss. This form is NOT to be submitted directly to the instructor. Your adviser will then forward the request to the ABE instructor for consideration and will inform you of the results. Appropriate documentation to support this request must be attached and your ABE major adviser will be kept the documentation on file with form.

Note: If your major is outside of ABE please return this form to 1320 Elings.

Name: ___________________________ University ID: ___________________________

e-mail: ___________________________ Catalog Year: _______ Enrollment Term: _________

Request Course: __________________ Pre- or co-requisite(s): _________________________

Justification for waiving the prerequisite or co-requisite (check all that apply):

☐ Completed one of the following course equivalents:
  ☐ An ISU course equivalent: Course: ____________ Term: ____________ Grade: ______
  ☐ A transfer equivalent (please attach Transfer Credit Evaluation and highlight the course/grade)

☐ Demonstrated competency in the content of the pre-requisite or co-requisite obtained through professional application or life experiences that are deemed equivalent to or supersede the prerequisite or co-requisite. (Supporting documentation must be attached.)

☐ Other (explain, add attachment as needed):

By submitting this form, I take full responsibility for understanding the material required from the pre-requisite or co-requisite course I am requesting to be waived.

Student Signature: ___________________________ Date: ________________

FOR DEPARTMENTAL USE ONLY:

Major Adviser Signature: ___________________________ Date: ________________

☐ Support ☐ Do Not Support

Comments:

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Instructor Decision: ☐ Approved ☐ Denied

Instructor Signature: ___________________________ Date: ________________

Comments:

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Copy to: ☐ AST/ITEC Minor Adviser ☐ Major Adviser