SOUTHERN OREGON UNIVERSITY

Graduate & Post-Baccalaureate
Prerequisite Course Waiver Request

Student _____   ID _____

Academic Program _____   Advisor _____

The following courses meet the prerequisites established for coursework related to this student's plan of study.

SOU Course #	Pre-Requisite	Prior Course #	University	Term Taken	ESC Office Use Only		
					Test Code	Score	TESTSCOREM

Advisor/Chair Signature _____   Date _____