California State University, Los Angeles

DATE: _____

TO: Department of Electrical and Computer Engineering

FROM: Professor _____

SUBJECT: **Waiver of Prerequisites**

Term: ◯ Fall ◯ Winter ◯ Spring ◯ Summer Year: _____

Last Name: _____ First Name: _____ CIN: _____

1. This is to request the waiver of the pre-requisites for

   _____
   Course

2. List all pre-requisites for this course (s)

   _____

3. What are the missing pre-requisites?

   _____ _____

4. What is the justification for waiving this pre-requisite (***by the Instructor***)?

   _____

   _____

Requested by:

Instructor: _____Date: _____

Approved by:
Department Chair: _____ Date: _____