BECOMBANICAL V	St. Mary's Ecumenical Institute			REQUEST FOR WAIVER OF PRE- OR CO-REQUISITE(S)	
Name				Email address:	
				Home phone:	
Term	: Fall Sprin	g Summer	20	Work phone:	
Cours	se in which I wish	to enroll:			
No.: _	T:	itle:			
Co- o	r pre-requisite cou	rse(s) for which I an	n requesting	g a waiver:	
No.: _	T:	itle:			
Reaso	on for request:				
	Approved	Denied	Signature,	Instructor/Date	/
	Comments:		Signature,	Dean/Date	
No.:	Т	itle:			
Reaso	on for request:				
	Approved	Denied			/
			Signature,	Instructor/Date	
	Approved	Denied			/
	Comments:		Signature,	Dean/Date	

Note: waivers require approval of both the Instructor and the Dean. Only one signature is required for registration. Both signatures, however, are required before registration is final. Both signatures must be obtained no later than one week after the first class meeting of a course. In the absence of the Dean, the student's advisor, the Registrar, or the Director of Admissions may give waiver permission, but the permission requires final approval of the Dean. This waiver is not transferrable to other courses or terms without the explicit approval of the Dean.