



Prerequisite Waiver Request

Request Date: _____

Semester: _____

Course Number: STA 215 (if approved you will be given an override for **any open** section of the course requested).

Name: _____

G Number: _____

Email Address: _____

Type of Permit Requested:

___ **Prerequisite Waiver (list the GVSU prerequisite you are requesting to waive):** MTH 110

___ I do not have the necessary prerequisites and am requesting that the prerequisites be waived.

___ I do not currently have the prerequisites but will have them transferred in from another institution before the semester begins.

Institution Name: _____ Course Number and Section: _____

___ I do have the prerequisite, but for some reason, the computer is blocking my registration.

___ Other: _____

Authorized Signature for Permit Approval: _____

Permits will be reviewed within one week. You will receive email notification of the final decision.

Please note this information for your records

If you are seeking a permit for a prerequisite waiver, please note that you are responsible for the following:

Making sure the course that you are taking at the other institution will transfer for the course you need here at Grand Valley State University.

You acknowledge that your enrollment in the Grand Valley State University course is contingent upon successful completion of the prerequisite course at the other institution.

You are responsible for making sure the credit transfer is recorded at Grand Valley State University by the payment deadline date for each semester. If that credit transfer is not recorded and you have not contacted the Department of Statistics Office, you will be removed from the course for not having the necessary prerequisites.

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