



# Waiver Form for Course Prerequisite(s)

Office of the Registrar; Viterbo University; 900 Viterbo Drive; La Crosse WI 54601

Phone: 608-796-3180 [www.viterbo.edu](http://www.viterbo.edu) [registrar@viterbo.edu](mailto:registrar@viterbo.edu)

PLEASE PRINT CLEARLY AND FILL IN ALL INFORMATION

Student Name \_\_\_\_\_ Student ID number \_\_\_\_\_

### I do not have the prerequisite course of:

Course Information: \_\_\_\_\_

Dept.                  Number    Title

Or class standing of: \_\_\_\_\_

Fr/So                  Jr/Sr

### Please allow permission to register for the following course:

Course Information: \_\_\_\_\_

Dept.                  Number    Title

\_\_\_\_\_  
Name of Chair/Instructor (Please Print)                  Signature of Chair/Instructor                  Date