

Pre-Requisite Waiver Form – JCRS
Jefferson College of Rehabilitation Sciences

Registrar's Office (East Falls)
Email: TJU_EF_Registrar@jefferson.edu

Student's Last Name: _____ Student's First Name _____

Student's Email: _____

Student Campus Key: _____ Term: ___ FL ___ SP ___ SM

Student's Program of Study: _____

Advisor's Name: _____

Catalog Year: _____ Anticipated Date of Graduation: _____

Completed signatures do not guarantee registration for the class. Please allow time for processing. Once the form is processed the student will be notified by email and can then register themselves for the course through BannerWeb. Students will not be able to register if they have any holds, time conflict with another course, the course is closed, incomplete forms or prior to their ticket time.

Pre-Requisite Waiver Request for:

Course Prefix and Number (e.g. Acct 102):

(Course(s) to be taken)

Course Prefix and Number (e.g. Acct 102):

(Course(s) waived)

Type of Waiver:

___ **Pre-Requisite Waiver** (*pre-requisite still required for graduation in program*)

___ **Pre-Requisite Waiver** (*pre-requisite waived, taking course above for credit*)

___ **Pre-Requisite Waiver** (*with additional co-enrollment in a specific course*)

New Required Co-Enrollment Course Name & Title: _____

Comments: _____

Advisor's Signature: _____

MAO or Authorized:
Signature: _____

Email: _____

Date: _____

MAO Email: Shannon.Ames@jefferson.edu Date: _____

2nd Approval (optional) Signature: _____ Email: _____

Please send completed form to Registrar's Office: TJU_EF_Registrar@jefferson.edu or