

Name: _____ **Student ID:** _____

Degree Program: MAcHM/MSOM DAcHM/DATM

Program Language: English Korean

We will respond by e-mail to your e-mail account: _____@_____

You will receive an email notification regarding the approval status of your application. If approved and space is available in the course, you will be registered.

[A] I am requesting a waiver of the prerequisite/corequisite for the following course:

Term: _____ **Course Code:** _____
(e.g. Spring 2024) (e.g. BS313)

Course Name: _____
(e.g. Pathology 3)

[B] Prerequisite(s) and / or Corequisite(s) required: _____
(e.g. BS213)

[C] Are enrolled in the course stated in [B] concurrently this term? Yes No

[D] Provide the reason why the pre-requisite course waiver should be granted to you:

By signing this waiver application, I accept responsibility for, and any academic consequences of taking the course without having the published prerequisite and/or corequisite. I understand that that the waiver does not entitle me to additional help from the instructor and that it does not guarantee that I have the appropriate background to pass this course. This Waiver does not exempt me from taking the prerequisite/corequisite course(s) if it is required in my degree program.

I certify that the information in this application is true and complete in all respects and that I have withheld no information. I understand that misrepresentation, falsification of documents, or withholding of requested information regarding this application are serious offences and may result in prosecution under the University's Codes of Behavior and/or Criminal Code of California.

Student Signature: _____ **Date:** _____

Instructor's Signature: _____ **Date:** _____

Academic Dean's Signature: _____ **Date:** _____