

ECUMENICAL INSTITUTE OF THEOLOGY
Request for Waiver of Pre- or Co-Requisite(s)

Name: _____ Email address: _____
Home phone: _____
Term: Fall Spring Summer 20 ____ Work phone: _____

Course in which I wish to enroll:

No.: _____ Title: _____

Co- or pre-requisite course(s) for which I am requesting a waiver:

No.: _____ Title: _____

Reason for request: _____

____ Approved ____ Denied _____ / _____
Signature, Instructor/Date

____ Approved ____ Denied _____ / _____
Signature, Dean/Date

Comments:

No.: _____ Title: _____

Reason for request: _____

____ Approved ____ Denied _____ / _____
Signature, Instructor/Date

____ Approved ____ Denied _____ / _____
Signature, Dean/Date

Comments:

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.