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:

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.