



SMU

BOBBY B. LYLE
SCHOOL OF ENGINEERING

Petition to waive a prerequisite

Name of student:

ID number:

Email:

Desired course:

Prerequisite to be waived:

Justification:

Student Signature: _____ Date _____

Approvals

Instructor (of desired course): _____ Date _____

Advisor: _____ Date _____

Department Chair: _____ Date _____