**MSCS Request for Permit to Waive Prerequisite(s) – Fall 2014**

**INSTRUCTIONS** (Please read carefully)

- Please complete this form if you require a permit to waive a prerequisite for a class you are planning to take in Fall 2014.
- Please type or print neatly.
- You must specify the course section of the course you are requesting. *(Note: You may only request one permit for each course.)*
- All forms are processed once a week on Friday. You must submit your form to the CECS Department Office by Thursday evening for Friday processing. If your form is processed on Friday, your *Permit to Waive a Prerequisite* should be available in MyCSULB by the following Wednesday morning.
- **IMPORTANT:** Your *Permit to Waive a Prerequisite* does not guarantee you enrollment in a class. It simply allows you the ability to enroll in a class on MyCSULB when you did not take the required prerequisite at CSULB.
- You are strongly advised to enroll in your classes as early as possible.

**NAME (Last, First):** __________________________________________ , __________________________________________

**STUDENT ID:** ________________________________

**OPTION:** ☐ Computer Science (CS) ☐ Computer Engineering (CpE)

**EMAIL (Please write clearly):** _______________________________________________________

**YEAR ENTERED PROGRAM:** *(circle one)* Fall / Spring 20 ___ ___ 

**ADVANCED TO CANDIDACY:** ☐ NO ☐ YES If yes, which semester: *(circle one)* Fall / Spring 20 ___ ___

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Section</th>
<th>Course Code</th>
<th>Req’d Prerequisite(s), Corequisite(s)</th>
<th>How have you already satisfied the prerequisite(s)?</th>
</tr>
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<tbody>
<tr>
<td><em><strong>SAMPLE</strong></em></td>
<td><em><strong>SAMPLE</strong></em></td>
<td><em><strong>SAMPLE</strong></em></td>
<td><em><strong>SAMPLE</strong></em>, CECS 228 &amp; CECS 277</td>
<td>288 – Took at Community College S’10; 277 – Part of my Undergrad degree</td>
</tr>
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*I certify that the above information provided above is complete and correct.*

Signed: __________________________________________ Date: __________________________________________