

RESTRICTED COURSE WAIVER FORM

(Not a prerequisite waiver)

Records Department Room 2220, West Campus

Room 2220, West Campus 3300 Century Avenue North 651.779.3299

Student Name				Student ID#	Student ID#	
Term	☐ Fall	☐ Spring	Summer Year:			
To waive the cou	ırse restriction,	a "Restricted Co		he instructor's s	ilar credits taken in high school or college. signature must be received in the Records mmer Session.	
Discipline	Number	Section	Course Title		Instructor's Signature	
Student's Signature:					Date:	
Member of the Minneso	This document can b	e available in alternati	ve formats to individuals with disabil	ities by calling 651.77	Affirmative Action Equal Opportunity Employer & Educator 9.3354, or 1.800.228.1978 x 3354.	
CENTURY			RICTED COURSE W (Not a prerequisite w	aiver)	Records Department Room 2220, West Campus 3300 Century Avenue North 651.779.3299	
Student Name	Student II				<u> </u>	
Term	☐ Fall	☐ Spring	Summer	Year:	<u></u>	
To waive the cou	ırse restriction,	a "Restricted Co		he instructor's s	nilar credits taken in high school or college. signature must be received in the Records mmer Session.	
Discipline	Number	Section	Course Title	1	Instructor's Signature	
Student's Signature:				1	Date:	
Member of the Minneso			ive formats to individuals with disab		Affirmative Action Equal Opportunity Employer & Educator 79.3354, 1.800.228.1978 x 3354.	