

RESOLUTION-POLICY

	For Information Only
X	Action Item

From: Dr. Eric Milou, Rowan University Senate President  
To: Dr. Ali Houshmand, Provost  
Date: 5/14/08  
RE: Senate Resolution **080512-6**

**Resolution to Add Professor's Signature to  
"Prerequisite Waiver" Form**

**WHEREAS**, the Prerequisite Waiver form currently only requires the signature of the department chair;

**WHEREAS**, instructors have an understanding of the role of prerequisites to their courses and have to deal with the consequences of prerequisite waivers;

**AND WHEREAS**, faculty should be equal participants in deciding when prerequisites should be waived;

**BE IT RESOLVED**, the "Prerequisite Waiver" form shall now require the signature of the instructor for the course in which the student wishes to register. If the instructor is unavailable, the student should have the department chair where the course resides sign the form.

\_\_\_\_\_ I give my approval. I have forwarded this item to \_\_\_\_\_ for implementation.

\_\_\_\_\_ No approval is actually needed. I have forwarded this item to the following individual or office for informational purposes only:

\_\_\_\_\_

**ADDITIONAL REVIEW NEEDED:**

\_\_\_\_\_ I am willing to give approval if the following modification(s) are made:

\_\_\_\_\_ Before I can approve or reject this item, I need clarification on the following:

\_\_\_\_\_ I have forwarded this item to the following individual or office for further consideration and consultation.

**Rejection:**

\_\_\_\_\_ I decline acceptance of this item for the following reason:

*Please Return this Copy to the University Senate President ~ Retain a Copy for Your Records*

**ROWAN UNIVERSITY**  
**PREREQUISITE WAIVER**  
(One course waiver per form)

Rowan ID: \_\_\_\_\_ TERM: \_\_\_\_\_

Name: \_\_\_\_\_  
(last) (first)

CRN: \_\_\_\_\_ Course number: \_\_\_\_\_ Course title: \_\_\_\_\_

The following prerequisite(s) has/have not been satisfied for the course listed above:  
Course number: \_\_\_\_\_ Course title: \_\_\_\_\_

_____	_____
_____	_____
_____	_____
_____	_____

Detail the reason(s) for the above waiver request:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Student's signature Date

\_\_\_\_\_  
Authorized Signature\* Printed Name Date

\*Note: The student should have the instructor for the course in which the student wishes to register sign the prerequisite waiver form. If the instructor is unavailable, the student should have the department chair where the course resides sign the form.