



## Course Waiver Form

Office of the Registrar

Student ID#: \_\_\_\_\_

Student Name: \_\_\_\_\_

WJC Course:

\_\_\_\_\_

Course previously taken, where and when:

\_\_\_\_\_

Signature of Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Approval of Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Curriculum and syllabus must be attached.

*Please note: this course will not be reflected on your WJC transcript.*