



Department of Mechanical, Aerospace, and Biomedical Engineering
Request for Temporary PCS Waiver

Name: _____ Jag No. J00 _____

I request a temporary waiver of PCS course prerequisites to allow me to register for ME 300-level (or higher) classes for the _____ term, 20____. I understand that a waiver can be approved only in a case of extenuating circumstances which are beyond my control, and where failure to obtain the waiver would constitute an unreasonable hardship. I further understand that, if granted, this waiver is valid for registration for the indicated term only.

Student signature

Date

List the course(s) you plan to take next semester which require PCS:

ME _____

ME _____

ME _____

ME _____

Briefly explain below why you are requesting a temporary PCS waiver. You may attach a separate page or a memo if necessary.

-----Applicant: Do Not write below this line-----

APPROVALS:

Academic Advisor

Date _____

Department Chair

Date _____