

Academic Course Registration and Waiver Form

Please fill out this form clearly. This document serves as an official record for course registration and prerequisite/liability waivers for the academic term.

Student Information

Full Name: Student ID:
Email Address: Phone Number:
Term/ Semester: Major/Program:

Course Registration Details

List the courses you wish to register for. If a course requires a prerequisite waiver, please specify in the waiver column.

Course Code	Course Title	Section	Credits	Prerequisite Waiver Required? (Yes / No)	Instructor Signature (If Waiver Needed)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Academic Waiver & Liability Agreement

By signing below, the student acknowledges and agrees to the following terms:

- I request registration in the courses listed above, including those for which I may not have completed the standard prerequisites.
- I assume full academic and financial responsibility for my performance in these courses.
- I understand that waiving prerequisites may increase the difficulty of the coursework, and I accept the risk of academic consequences.

Signatures and Approvals

Student Signature (Print Name to Sign): Date:
Academic Advisor Signature: Date:
Registrar's Office Approval: Date: