

Prerequisite exemption form

Please submit this form first to the Accounting Department Head's office at 2301 UH. Only the Department Head decides whether you can take the course without the proper prerequisite/(s). If the Department Head approves your request, give a copy to the instructor of the course. You are responsible for the accuracy of all the information in this form.

 First name Middle name Last name

 email (only _@uic.edu) Phone Number UIN #

Level Enrolled: Undergraduate Graduate Non degree

 College Major / Program Current GPA Expected graduation date

 Accounting Course Number CRN Course Day, Time Instructor Name

Prerequisite course that you have **NOT** taken: _____
 Will you take the prerequisite course **concurrently** (circle one): No Yes

Reasons why you think you can take this class **without** prerequisites:

I understand that taking a course without the proper prerequisites will put strain on me. I am willing to learn the materials that the instructor expects from the prerequisite course. I will not hold the instructor or the Accounting Department responsible if my performance in the course is adversely affected due to my lack of prerequisites.

Student's Signature _____ Date _____

Instructor, Approved:

Signature _____ Date _____