

## REQUEST FOR WAIVER OF PREREQUISITE EE/CE/TE Graduate Program

Step 1 – To be completed electronically by Student	UTD ID:
Last Name:	First Name:
Degree Program: Anticipated Semester Admi	
Anticipated Graduation Semester:	
If previously requested, date submitted:	Email:
Previous College/University:	
	Semester/Year Completed:
Course Title:	Credit Hours: Grade:
UTD Prerequisite Course Number: UTD Course Title:	
A copy of the official transcripts and course description per school catalog must be submitted with this request. See page 2 for checklist of prerequisite course waiver and form submission options.	
I affirm the information provided is true and accurate. If such information is found to be falsified or inaccurate, I understand it may be grounds for cancellation of enrollment and/or disciplinary action.	
Student Signature	 Date
Routing Instruction: Email to ECE Graduate Prog	gram Office, ecegradprogram@utdallas.edu, for Step 2)
Step 2—To be completed by Graduate Advisor	
Graduate Advisor/Reviewer Comments:	
Approved	Denied
Step 3 – Signatures and Approvals	
Graduate Advisor Signature Date	Graduate Program Head Signature Date
(Routing Instruction: ECE Graduate Program Office emails the student regarding outcome of request)	



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## Checklist for Waiver of Prerequisite Course

Did you receive a grade of B or better? Yes No No to the question, you are not eligible for a waiver. No further action. If Yes to the question, submit the following documents with your request to the ECE Graduate Program Office (In person: ECSN 2.7 Front Desk; by mail: 800 W. Campbell Rd, EC33 | Richardson, TX 75080 | USA; or by email: ecegradprogram@utdallas.edu): 1) Copy of official transcript 2) Catalog description and/or official course outline from accredited United States universities, or 3) If no catalog description is available (foreign universities only) a. An official course description is to be emailed directly to the Electrical and Computer Engineering Graduate Program Office ecegradprogram@utdallas.edu from the university, signed by a university official ranking department chair or higher. b. Submit the following university information Name of university Name of university official University e-mail address University phone number University fax number

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