



# MORGAN COMMUNITY COLLEGE

## PREREQUISITE WAIVER FORM

### STUDENT IDENTIFICATION

Student ID:

Term:

Student Name:

### PREREQUISITE COURSE WAIVER REQUEST

I release the State of Colorado, The State Board for Community Colleges and Occupational Education, Morgan Community College (MCC), and its employees from any liability for my decision to opt out of the prescribed pre-requisite courses as recommended by my academic advisor at MCC. My academic advisor has fully informed me of the risks involved in not taking the recommended pre-requisite course. Should I fail to complete the course with the equivalent of a "C" grade or above, I take full responsibility for this decision.

Pre-requisite Course(s) Opting Out of:	Course(s) Taking: Prefix	Course#	Title	CRN	Credits:
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### ACKNOWLEDGEMENT

I understand that I take full responsibility for my decision and cannot hold any of the above entities or individuals accountable for my actions.

STUDENT NAME (PRINT)

STUDENT SIGNATURE & TODAY'S DATE

ACADEMIC ADVISOR SIGNATURE & TODAY'S DATE

### RETURN INFORMATION

Return printed form and required documentation to:

MCC Student Services  
920 Barlow Road Fort Morgan, CO 80701

or FAX 970-542-3114

or image and email to

Student.Services@MorganCC.edu

