

DEPARTMENT OF ART
COURSE RESTRICTION WAIVER FORM

Revised: 02/23/06

Date: _____

Name: _____ Student ID #: _____

E-Mail Address: _____ Phone: _____

Circle one: (Freshman, Sophomore, Junior, Senior, Graduate, Non-Degree)

Degree/Major/Concentration: _____

Check as appropriate:
(may be more than one)

_____ Pre-Requisite Waiver
_____ Instructor's Permission
_____ Over Enroll Maximum
_____ Other

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|--|--|--|--|
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|--|--|--|--|

SEMESTER CRN# COURSE # COURSE TITLE

Check the courses **you have completed** and note if completed at another institution:

| | |
|--|-------|
| _____ ART 141F Fundamental Design I (2-D) | _____ |
| _____ ART 142 Fundamental Design II (3-D) | _____ |
| _____ ART 151F Fundamental Drawing I | _____ |
| _____ ART 152 Fundamental Drawing II | _____ |
| _____ ARH 111G Art History: Prehistoric through Medieval | _____ |
| _____ ARH 112G Art History: Renaissance to the Present | _____ |
| _____ Portfolio (note when you plan to submit) | _____ |

Please list relevant courses or experiences that you have to support your request.

Faculty Member's Approval

Chair's Approval

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Office Use Only: _____
Date Registered Notified Student Comments