



GALLOGLY COLLEGE OF ENGINEERING
**STEPHENSON SCHOOL
OF BIOMEDICAL ENGINEERING**
The UNIVERSITY of OKLAHOMA

Biomedical Engineering Prerequisite Waiver Form

Please fill out the following fields **and** attach a coded flowchart or GPS with projected graduation plan and return form to the Student Programs Coordinator.

Part A

Student Name: _____ OU ID#: _____

Daytime Phone: _____ OU email: _____

Course information:

Course name, number and semester student *plans* to take: _____

Name of Instructor: _____

Pre-requisite(s) to be waived: _____

Reason for not meeting the prerequisite(s) listed above; attach supporting documents, if any:

Part B

Faculty: Please sign, deny or approve, include any additional comments and pass on to the next person

Recommendations:

A. Undergraduate Studies Chair: Chair Name: Rebecca Scott Approve / Deny

Signature _____ Date: _____

B. Instructor of the course: Instructor Name: _____ Approve / Deny

Signature _____ Date: _____

C. Director: Director Name: Michael Detamore Approve / Deny

Signature _____ Date: _____

Student Programs Coordinator: Action and Date _____

Additional Faculty Comments:
