

REQUEST FOR WAIVER OF PRE-REQUISITE COURSE

Graduate Computer Science Program

Name:			Student ID:			
Email:		@	utdallas.edu	Phone:		
Admitted to the Planning to gradu					Semester/Year)	
Chosen Track:						
Traditional Computer Sci.	Networks a		_	oftware (Cyber Security	
Systems	Data Scien	ce 🔲 Int	eractive Computi	ng		
What course are	you requesting	a waiver for?				
Pre-requisite Co	urse #: CS	Course	e Title:			
Details of Course	e(s) used to waiv	e the above-men	tioned pre-requi	sites:		
Course Num.	Title	Credit Hrs.	Grade	Undergraduate College/University	Sem/Year completed	
Course Description URL for Web Link	«:			Web Link	None O Graduata	
Office	including this co	urse must be atto	icnea or on jile in	the Computer Science	e Graduate	
(Student Signature)			(Date)			
Graduate Adviso	or/Reviewer Con	nments:				
	APPR	OVED	DENIED	,		
(CS Graduate	Advisor)	(Date)	(CS	Department Head)	(Date)	



number.

CHECKLIST FOR WAIVER OF COURSES: (Check each item if it meets the approved criteria) Copy of official transcript attached (only if course was completed after you applied to UTD) with course and grade marked (B or above) Catalog description and/or official course outline (accredited United States universities) If no catalog description is available (foreign universities only), provide an official course description signed by a university official ranking as a Department Chair or higher and sent

directly to the UTD Computer Science department. Also provide the name of the university and contact information including university email address, telephone number and fax

NOTICE: Information provided by the students for reason of obtaining waivers or transfers is considered as true and accurate. If such information is found to be falsified or inaccurate, it may be grounds for cancellation of enrollment and/or disciplinary action.