



Arts and Sciences

Math and Science Prerequisite Waiver Form

Semester (Check One) Fall Winter Summer

DATE _____ MACOMB USER I.D.# _____

NAME _____

PHONE NUMBER(S) _____

EMAIL _____

Macomb course needed (ex. Math 1000): _____

Prerequisite taken at: _____

Course: _____ Semester taken: _____

AP Score: _____ ACT Score: _____
(minimum score of 3) (minimum score of 24)

Please submit this form and your unofficial transcript, AP or ACT documents by mail, in-person, by fax or email. A screen shot of your unofficial transcript may be sent. Your screen shot should include your name and the name of the institution.

For more information, please contact the department below:

<p>South Campus, SE 214</p> <p>Math— 586.445.7105 • F: 586.445.7298 Science— 586.445.7106 • F: 586.445.7298 Aands.south@macomb.edu</p>	<p>Center Campus, CN 114</p> <p>Math— 586.286.2282 • F: 586.286.2288 Science— 586.286.2147 • F: 586.286.2170 Aands.center@macomb.edu</p>
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Office Use Only:

Instructor's Signature: _____ Date: _____

Associate Dean's Approval: _____ Date: _____

Staff Signature: _____ Date: _____

Completed Denied Student Notified

Referred to: _____

In process note: _____