

Application for Course Prerequisite Waiver

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient Name]

[Department/Institution Name]

[Institution Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request a waiver for the prerequisite course(s) required for [Course Name or Code] as part of my professional development plan. I believe that my academic background and professional experience adequately prepare me for success in this course.

[Briefly explain your qualifications, relevant experience, or previously completed courses that align with the prerequisite material.]

I am highly motivated to continue my education and enhance my skills in this area. By being granted this waiver, I will be able to enroll in [Course Name] which is crucial for my career advancement.

Thank you for considering my request. I look forward to your positive response.

Sincerely,

[Your Name]