Minor in Health Care Studies
Prerequisite Waiver

DISCLAIMER: Students are not guaranteed to have their prerequisites waived by the department. Prerequisites cannot be waived completely, and must be taken either concurrently or in a later semester.

Student Information

Full Name:_________________________ Are you a declared minor student?__________

USCID#:_________________________ Class Standing:_________________________

USC Email:_______________________ Local Phone #:_______________________

Course Information

Prerequisite to Waive:_____________ MEDS Course ID:_____________________

Which semester do you intend to take this prerequisite? ____________________________
(Indicate “concurrently” for concurrent enrollment)

Briefly summarize why you are requesting this prerequisite waiver:

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Student Signature: ___________________________ Date: ________________

Department Approval [OFFICE USE ONLY]

Your signature indicates that you agree to waive the specified prerequisite for the above specified course.

X:_______________________________ Title:_______________________________

Print Name:________________________ Date:___________________________

Received Date:____________ Clearance Entered Date:____________ By:________

Questions? Email mhcs@usc.edu or call (323)-442-4300.