Minor in Health Care Studies
Prerequisite Waiver

DISCLAIMER: Students are not guaranteed to have their prerequisites waived by the department.

Student Information

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

USCID#:_________________________ Class Standing:_________________________

USC Email:_________________________ Local Phone #:_________________________

Course Information

MEDS Course:_________________ Prereq to Waive:_________________
(The course you want to register for)

Briefly summarize why you are requesting this prerequisite waiver:

________________________________________________________________________
________________________________________________________________________

Student Signature: ________________________________ Date: __________________

Department Approval [OFFICE USE ONLY]

X: ________________________________ Title: ________________________________

Print Name: ________________________________ Date: __________________

Received Date: ____________________ Clearance Entered Date: ____________

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