Resolution to Amend the Resolution to Add Professor’s Signature to “Prerequisite Waiver” Form

WHEREAS, the following Resolution was passed by the University Senate in Spring 2008;

WHEREAS, the Prerequisite Waiver form currently only requires the signature of the department chair;

WHEREAS, instructors have an understanding of the role of prerequisites to their courses and have to deal with the consequences of prerequisite waivers;

AND WHEREAS, faculty should be equal participants in deciding when prerequisites should be waived;

BE IT RESOLVED, the "Prerequisite Waiver" form shall now require two signatures—the instructor of the course and the chair of the department where that course resides—using the wording in the version below.*

*The version referred to was the same as the one now attached except for the highlighted wording that is proposed with this amendment.

AND WHEREAS, the Resolution has not been signed and approved to become policy for the following reasons:

- In some cases, students are placed into their courses via a placement exam or portfolio review.
- Since instructors are generally not involved with reviewing placement exams or portfolios, their signatures may be unnecessary.

BE IT RESOLVED, the “Prerequisite Waiver” form shall be revised to include the changes outlined in the original resolution and an additional statement clarifying the above exception, as shown in the attached version; and the policy governing use of the form shall read:
The "Prerequisite Waiver" form normally requires two signatures—the instructor of the course and the chair of the department where that course resides. This reflects the fact that instructors have an understanding of the role of prerequisites to their courses and have to deal with the consequences of prerequisite waivers, and should therefore participate fully in decisions about waiving pre-requisites. The policy does not, however, apply to the initial placement of students in programs where such placements are based on standard performance measures such as placement examinations or portfolio reviews.
ROWAN UNIVERSITY
PREREQUISITE WAIVER
(One course waiver per form)

Rowan ID: _________________________  TERM: __________________

Name: ____________________________ _____________________________
   (last)      (first)

CRN:    Course number:   Course title:
   ______________________  __________________________

The following prerequisite(s) has/have not been satisfied for the course listed above:
Course number:     Course title:
   __________________________________ ________________________________
   __________________________________ ________________________________
   __________________________________ ________________________________
   __________________________________ ________________________________

Detail the reason(s) for the above waiver request:
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

Signature of Student         Date
   __________________________ __________________________ __________________________

Signature of Instructor    Printed Name     Date
   Teaching the Course*       __________________________ __________________________

Signature of Department Chair  Printed Name     Date
   Where Course Resides*      __________________________ __________________________

* Please note: the required signatures pertain to the course the student wishes to register in, not to the
pre-requisite courses that are being waived. The instructor’s signature is not required for initial
placement decisions made on the basis of standard performance measures such as placement
examinations or portfolio reviews.
Acceptance:
_____ I give my approval. I have forwarded this item to ___________________________ for implementation.

_____ No approval is actually needed. I have forwarded this item to the following individual or office for informational purposes only:
____________________________________________________________________

ADDITIONAL REVIEW NEEDED:
_____ I am willing to give approval if the following modification(s) are made:

_____ Before I can approve or reject this item, I need clarification on the following:

_____ I have forwarded this item to the following individual or office for further consideration and consultation.

Rejection:
_____ I decline acceptance of this item for the following reason:

Please Return this Copy to the University Senate President ~ Retain a Copy for Your Records