



# REQUEST FOR PREREQUISITE COURSE WAIVER OR TRANSCRIPT EVALUATION

*Appropriate testing waivers are applied upon receipt of all college transcripts.*

**Please PRINT Clearly**

Student Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student Name \_\_\_\_\_  
Last First Middle Former

**Request:** \_\_\_\_\_ **Transcript Evaluation**  
• Select only if you are seeking a degree at Bucks.  
• Official transcript must be sent directly to Bucks from the transfer institution.

\_\_\_\_\_ **Transcript Re-evaluation**  
• Select if you changed your major after an evaluation was completed.  
• Official transcript is already on file and was previously evaluated for transfer credit.

\_\_\_\_\_ **Prerequisite Course Waiver**  
• Official or unofficial transcript was sent to Bucks.

List all courses that you are requesting prerequisite course waivers for here:  
(example: Anatomy and Physiology I/BIOL-181)

Course Name: \_\_\_\_\_ Course Code: \_\_\_\_\_

Course Name: \_\_\_\_\_ Course Code: \_\_\_\_\_

Course Name: \_\_\_\_\_ Course Code: \_\_\_\_\_

Course Name: \_\_\_\_\_ Course Code: \_\_\_\_\_

Student Signature

Date

This form can be submitted to the Registrar's Office, sent as an email attachment to [waivers@bucks.edu](mailto:waivers@bucks.edu), or submitted electronically by logging in to: <https://apps.bucks/admissions/index.php>.