## KENTUCKY MOUNTAIN BIBLE COLLEGE

REGISTRAR'S OFFICE 855 Hwy 541, Jackson, KY 41339 606-693-5000 EXT 140 KMBC.EDU



## REQUEST TO WAIVE PREREQUISITE CLASS

Date:	Student ID #
I,	, having received permission by the professor
teaching this course (name and s	ignature of the professor must be provided below), request that I be
enrolled in this course without h	aving completed the required prerequisite course(s) as described in the
current College Catalog. I ackno	wledge that I have not completed the required prerequisite course(s) and
will assume full responsibility for	or my performance in this class.
Course to be Waived as a Prer	equisite:
	(Include Catalog Number and Title)
Course to be Taken without the	e Required Prerequisite:  (Include Catalog Number and Title)
Semester of the Course:	
Name of Student (printed) requ	uesting permission to enroll without the prerequisite course
Signature of Student requesting	g permission to enroll without the prerequisite course
Name of Professor (printed) gi	ving permission to waive the prerequisite course
Signature of Professor giving p	permission to waive the prerequisite course

**Kentucky Mountain Bible College** is a Bible-centered undergraduate higher educational institution in a residential setting whose mission is to equip men and women to serve with

A passion to **k**now God,

A passion to prepare for His **m**inistry

A passion to live and teach the message of Biblical holiness,

And a passion to evangelize the world for Christ.