Waiver of INFO 2300 Requirement for Information Science Major

Name:                                                                                     Cornell I.D. #: 

Email:                                                                                     

Local Phone (or cell):                                                                   

Earliest expected graduation date:                                                        

Reason for seeking waiver:                                                               

Indicate previous course work, certification, or other evidence of your competency in the material covered in this course (be specific): 

Signature and Approval                                                                   

I am completely proficient in the subject material covered in this course as it is taught at Cornell (sign here): 

________________________________    Date  __________

Approval of INFO 2300 instructor:                                                        

________________________________    Date  __________