



Course Prerequisite Waiver

Student Information:

Student Name (print): _____

Student Number: _____ Campus/Centre: _____

Email Address: _____

Mailing Address: _____

Postal Code: _____ Telephone: _____

Term: _____ Course Code: _____ Section: _____

(Please note: this waiver is valid for this course and section, only)

Prerequisite/s for which waiver is requested: _____

Please give a brief explanation why waiver is requested: _____

I understand that I have been admitted to this course through a Course Prerequisite Waiver, and that I will be expected to perform at the same level as the students who meet the prerequisites. I am aware of the prerequisites and I have chosen to enrol in this course without having met them.

Student Signature: _____ Date: _____

Instructor Information:

Course Prerequisite Waiver approved: Yes No

Instructor Name (print): _____

Instructor Signature: _____ Date: _____

FOR OFFICE USE (only):

Date Received: _____ Received by: _____
(Signature in Full)

Date Entered: _____ Entered by: _____
(Signature in Full)