



NORTH ISLAND
COLLEGE

Course Prerequisite Waiver

Place Bar Code Here

PWF

For Student use:

Student Name (PRINT): _____

Student Number: _____ Campus/Centre: _____

Student Address: _____

Postal Code: _____ Telephone # _____

Term: _____ Course _____ Section ID _____

(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: _____

For Instructor Use:

Course Prerequisite Waiver approved: Yes No

Signature: _____ Date: _____

Print Name: _____

FOR Office Use Only:

Received (date): _____ by initials: _____

Entered (date): _____ by initials: _____