

**Office of the Registrar**

2300 Ryan Road, Courtenay BC V9N 8N6

T: 1-800-715-0914 E: forms@nic.bc.ca

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 (mmm-dd-yyyy): _____

Instructor Information:

Course Prerequisite Waiver approved: Yes No

Instructor Name (print): _____

Instructor Signature: _____ Date (mmm-dd-yyyy): _____

FOR OFFICE USE (only):Date Received: _____ Received by: _____
(Signature in Full)Date Entered: _____ Entered by: _____
(Signature in Full)