



Prerequisite Waiver Application

<i>Student ID</i>	<i>Surname</i>	<i>Other Names in Full</i>	<i>Faculty (e.g. Science)</i>

To: The Department of _____

I _____ request permission to register in
(Name of Student)

_____ without having the required
(name and number of course)

prerequisite(s) for this course. I request that the prerequisite(s) of

_____ be waived for
(name and number of courses)

the following reasons: _____

By signing this waiver application form, I accept all responsibility for, and any consequences of my decision to register in this course without having the stated prerequisites. I understand this waiver does not afford me additional professorial tutoring, nor is it a guarantee that I will pass this course.

student ID
signature _____ number _____ date _____

Departmental Approval ***Please note that BOTH signatures are required***

(Department, please forward completed form to student's Faculty and photocopy for your files)

<input type="checkbox"/>	Approved	<input type="checkbox"/>	Not Approved	_____	_____
				course instructor	date
<input type="checkbox"/>	Approved	<input type="checkbox"/>	Not Approved	_____	_____
				Chair (or designate)	date

**** Form must be handed in to student's home Faculty ****

The personal information requested on this form is collected under the authority of the Section 33c of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the purpose of determining eligibility to take a course without the required prerequisite. Direct any questions about this collection to the FOIPP Liaison Officer for the Faculty of Science, 1-001 CCIS, University of Alberta, T6G 2E9. Phone: (780) 492-4758 Fax: (780) 492-7033.