Prerequisite Waiver Application

Last Name

First Name

Middle Name(s)

Student I.D. Number

Email

@ualberta.ca

Degree Program (ie: General, Specialization, Honors, Business Minor, BSc/Bed)

Major or Concentration

I request permission to register in the following course:

Course Name and number: _____ Section: _____ Year: _____

Term: ☐ Fall ☐ Winter ☐ Spring ☐ Summer

Without having the prerequisite(s) of:

_____

For 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 Signature: _____ **Date:** _____

Department Approval - BOTH signatures are required

*Department: Please forward original completed form to student's Faculty and keep a copy for your records

☐ Approved ☐ Not Approved

Course Instructor _____ Date _____

☐ Approved ☐ Not Approved

Chair of Department (or designate) _____ Date _____