# Prerequisite Waiver Application

<table>
<thead>
<tr>
<th>Student ID</th>
<th>Surname</th>
<th>Other Names in Full</th>
<th>Faculty (e.g. Science)</th>
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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.

<table>
<thead>
<tr>
<th>student</th>
<th>ID number</th>
<th>date</th>
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<tbody>
<tr>
<td>signature</td>
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**Departmental Approval**  
***Please note that BOTH signatures are required***

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

- [ ] Approved  
- [ ] Not Approved  
  
  course instructor  
  date

- [ ] Approved  
- [ ] Not Approved  
  
  Chair (or designate)  
  date

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** 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.