

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: <input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Spring	<input type="checkbox"/> 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

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.