



Pre-Requisite Waiver

Protection of Privacy

The personal information collected through this Pre-requisite Waiver form is to approve a student that is missing a pre-requisite class. This collection is authorized by Section 4(c) of the Protection of Privacy Act. For questions about the collection of this personal information please contact Associate Registrar at registration@mhc.ab.ca, Medicine Hat College.

PERSONAL INFORMATION			
Year		Campus	MHC Student ID Number
<input type="checkbox"/> Fall (Sept-Dec) <input type="checkbox"/> Spring (May-June)		<input type="checkbox"/> Medicine Hat	
<input type="checkbox"/> Winter (Jan-April) <input type="checkbox"/> Summer (July-Aug)		<input type="checkbox"/> Brooks	
Last Name:		First Name:	
Previous Name:		Phone #:	

PROGRAM OF STUDY	
Program Name:	
Desired Course:	
Pre-requisite(s) Waived:	

Reason for Request (must be completed by student):

I understand that a pre-requisite waiver is only granted under exceptional circumstances and at the discretion of the Associate Dean.

Further, I understand that if the waiver is granted, I am assuming the increased risk of not being successful in the course. I also understand that the course may not transfer to some post-secondary institutions without the pre-requisites.

Student Signature: _____ Date: _____

To be completed by the Associate Dean:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Comments: _____		

Associate Dean's Signature _____		Date: _____