



Pre-Requisite Waiver

Form must be submitted at time of registration

Year			Campus		Student ID Number
<input type="checkbox"/> Fall (Sept-Dec)	<input type="checkbox"/> Spring (May-June)	<input type="checkbox"/> Distance Learning	<input type="checkbox"/> Medicine Hat		
<input type="checkbox"/> Winter (Jan-April)	<input type="checkbox"/> Summer (July-Aug)	<input type="checkbox"/> Open Learning	<input type="checkbox"/> Brooks		

PERSONAL INFORMATION

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 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 Dean: Approved Not Approved

Comments: _____

Dean's Signature _____ Date: _____