MEDICINE HAT COLLEGE

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.

STUDENT INFORMATION

Year		Campus	MHC Student ID Number
☐ Fall (Sept-Dec) ☐ Spring (May-June)		☐ Medicine Hat	
☐ Winter (Jan-April) ☐ Summer (July-Aug)		☐ Brooks	

Last Name:		First Name:	

PROGRAM OF STUDY

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

Reason for Request (must be completed by student):

_____

_____

Note to student: - By signing this document, you acknowledge and agree to the following:

1. A pre-requisite waiver is only granted under exceptional circumstances and at the discretion of the Associate Dean.
2. If the waiver is granted, I am assuming the increased risk of not being successful in the course.
3. The course may not be transferred to some post-secondary institutions without the pre-requisites.

Student Signature: _____ Date: _____

Program Coordinator or Subject Matter Expert as required _____ Date: _____

To be completed by the Associate Dean: ☐ Approved ☐ Not Approved

Comments: _____

_____

_____

Associate Dean's Signature _____ Date: _____

Original - Registrar's Office