

**PERMISSION TO WAIVE A COURSE PREREQUISITE**

- The approved form must be submitted to your academic secretariat.

STUDENT					
SURNAME	GIVEN NAMES	STUDENT NO.	AREA CODE & TEL. NO.		
PROGRAM OF STUDIES					
YEAR OF STUDY					
<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup>					
COURSE CODE	SECTION	COURSE TITLE	PROFESSOR'S NAME		
SESSION	<input type="checkbox"/> SEPT. - DEC. <input type="checkbox"/> JAN. - APRIL <input type="checkbox"/> SEPT. - APRIL <input type="checkbox"/> SPRING / SUMMER			YEAR	
REASON FOR REQUEST					
_____					
_____					
_____					
_____					
I understand that by taking the above-mentioned course without having completed the prerequisite(s), I may be required to do additional reading and/or independent.					
				DATE	SIGNATURE (STUDENT)

PROFESSOR'S RECOMMENDATION	
<input type="checkbox"/> <b>DEMANDE RECOMMENDED</b>	CONDITIONS _____ _____ _____
<input type="checkbox"/> <b>DEMANDE NOT RECOMMENDED</b>	REASON _____ _____ _____
_____ DATE _____ SIGNATURE (PROFESSOR)	

DIRECTOR'S APPROVAL OR DELEGATE	
<input type="checkbox"/> <b>APPROVAL GRANTED</b>	COMMENTS _____ _____ _____
<input type="checkbox"/> <b>APPROVAL DENIED</b>	_____ _____
_____ DATE _____ SIGNATURE (DIRECTOR)	

UNDERGRADUATE STUDIES OFFICE	
_____ DATE _____ SIGNATURE (ACADEMIC ASSISTANT)	