

Request for prerequisite waiver (EP-1)

Name

Student Number

Program of Study

Year of study

Requested course code

Missing Pre-requisite(s)

Please indicate how you acquired the necessary knowledge to do the requested course.

N.B. If you are presently on probation, you are not eligible for a prerequisite waiver.

Consent

I consent to have this form sent to the professor and director. If I am allowed to register to this course, despite not having completed the *prerequisite(s)*, it will be my sole responsibility to make up for any deficiency in my background. I will not use the lack of prerequisite(s) as justification for poor performance or failure of this or any other course. Since I am required to know the material, it will not be re-explained in class.

Signature: _____ Date: _____

This form must be submitted to the Academic Office (SITE1020)

Forms presented by the student directly to the professor will be void.

At each session, the **deadline** to submit a request for prerequisite waiver is **7 days before the last day to modify your course selection.**

Comments:

MPC / CGPA: _____

Signature of the Academic Assistant

Date

Request for prerequisite waiver (EP-2)

The student will submit the form EP-1 with the academic reasons for the request. The academic assistant sends the document as well as the form EP-2 for evaluation to a professor, noting any additional information about the student deemed to be helpful to the evaluator (CGPA, antecedents). A request for prerequisite waiver is evaluated by the **full-time professor** in charge of the course (or by the Chair or coordinator of the program if the professor is part-time.). The evaluated request then goes back to the academic assistant, who then forwards it to the responsible people of the Academic Office.

Prerequisites can only be waived if the student has equivalent knowledge, either from previous studies or from professional experience. N.B. Students presently on probation are not eligible for a prerequisite waiver.

PROFESSOR

Name (print): _____

Comments:

Accepted

Refused

ACADEMIC OFFICE

Comments:

Accepted

Refused

Student informed

date: _____ In. _____

Registered:

date: _____ Signature: _____

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date: _____ In. _____