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.

________________________________________________________________________________________
________________________________________________________________________________________
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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 Undergraduate Studies (SITE1020)

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

The deadlines to submit a request for prerequisite waiver are:
- The first day of class for the summer term
- September 15 for the fall term
- January 15 for the winter term

*Please note that if there are no more seats available in the course, your request will be denied.*

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 advisor sends the document for evaluation to a professor, noting any additional information about the student deemed to be helpful to the evaluator.

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:

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

□Accepted   □Refused

Undergraduate Studies Office

Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

□Accepted   □Refused
□Student informed   date: _________  Signature: ______________________
□Registered:   date: _________