Name: ___________________________ ID#: _______________________

Degree Program: □ BKin □ BKin/BEd □ BARST □ BSc KIN □ Other __________

We will respond by e-mail to your UAlberta e-mail account: ____________________ @ualberta.ca

PREREQUISITE &/or COREQUISITE WAIVER REQUEST for theory courses – HE ED/KIN/KRLS/RLS and PAC 490/491

Submission of this request does not guarantee approval

A. I am requesting a waiver of the prerequisite/corequisite for the following course:

Term (e.g. Fall ’18): _______________ Course Name (e.g. HE ED 220): _______________

Course Section (e.g. Lab D3): _______________

B. Prerequisite and/or Corequisite required (e.g. HE ED 110): ___________ ___________

C. Rationale:

(1). Completion of equivalent course at another institution (a transcript and detailed course syllabus MUST be attached to this form)

Course Number: _______________ Grade Achieved (e.g. B+): _______ Year Completed:_______

Course Number: _______________ Grade Achieved (e.g. B+): _______ Year Completed:_______

(2). Additional relevant experience (documentation MUST be attached):

_____________________________________________________________

☐ Attach transcripts AND detailed course syllabus, and/or
☐ Attach documentation
☐ Submit the completed form and attached documentation to the Student Services Office
   (3-134 University Hall, Van Vliet Complex)

You will be notified, via e-mail, whether or not the application has been approved. If it is approved, you will be registered in the course providing there is space in the course at that time.

By signing this waiver application, I accept responsibility for, and any academic consequences of taking the course without having the published prerequisite(s) and/or corequisite(s). I understand that the waiver does not entitle me to additional help from the instructor and that it does not guarantee that I have the appropriate background to pass this course. This waiver does not exempt me from taking the prerequisite/corequisite course(s) if it is required in my degree program.

I certify that the information in this application is true and complete in all respects and that I have withheld no information. I understand that misrepresentation, falsification of documents, or withholding of requested information regarding this application are serious offences and may result in prosecution under the University’s Codes of Behaviour and/or the Criminal Code of Canada.

Student Signature: ___________________________ Date: ______________________

Protection of Privacy – The personal information requested on this form is collected under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the purpose of program administration by the Faculty of Kinesiology, Sport, and Recreation. Direct any questions about this collection to: UAlberta, Faculty of Kinesiology, Sport, and Recreation, FOIP Advisor, 3-107 University Hall, Van Vliet Complex, Edmonton, AB 780-492-0720