PREREQUISITE &/or COREQUISITE WAIVER REQUEST
for activity courses - PAC/DAC/DANCE (except 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 ’16):      Course Name (e.g. PAC 345):
   Course Section (e.g. Lab D3):  

B. Prerequisite and/or Corequisite required (e.g. PAC 145):

C. Relevant background/experience (attach documentation):
   
   □ Complete the form, including student signature
   □ Attach documentation of relevant experience
   □ Deliver in person the completed form and documentation to the Student Services Office
     (Room 3-134, Van Vliet Complex, University Hall)
   □ Deliver the form and documentation to the content expert on instructions from the Student
     Services Office
     NOTE: Content experts are under NO obligation to waive a prerequisite or corequisite
     and DO NOT have authority to overload the enrolment in a course.
   □ Return the completed form and attached documentation to the Student Services Office
     (Room 3-134 Van Vliet Complex, University Hall)

You will be notified, via e-mail, whether or not the application has been approved by the Associate
Dean. 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 Physical Education and Recreation. Direct any questions about this collection to: UAlberta,
Faculty of Phys Ed & Recreation, FOIPP Advisor, Room 3-107 Van Vliet Complex, University Hall, Edmonton, AB    780-492-0720.