PREREQUISITE &/or COREQUISITE WAIVER REQUEST
for theory courses – HE ED/PEDS/PERLS/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 ’16): ________________  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
(Room 3-134, Van Vliet Complex, University Hall)

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: ___________________
FOR OFFICE USE ONLY

Student Advisor’s Comments: ____________________________________________________________

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____________________________________________________

____________________________________________________

Recommendation: □ Approve □ Deny

Instructor/Content Expert Comments: __________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

Recommendation: □ Approve □ Deny

Instructor/Content Expert Name (Printed): _____________________________________________

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____________________________________________________

____________________________________________________

Associate Dean’s Comments: _________________________________________________________

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Decision: □ Approved □ Denied  Associate Dean’s Signature: _____________ Date _________

Reason for denial: _________________________________________________________________

____________________________________________________

____________________________________________________

Registered: □ Yes □ No  Student Advisor Signature: __________________________ Date _________

Comments: _____________________________________________________________________

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