



REQUEST TO WAIVE | COURSE PREREQUISITE/CO-REQUISITE

Note: Waivers are given for specific course prerequisites or co-requisites only. The course waiver cannot be used to waive graduation requirements nor does it generalize to other courses with the same prerequisite or co-requisite.

STEP 1:

Date: _____

Student Name:	Student Number:
Email Address:	Phone Number:

STEP 2:

Course in which you wish to register:
Course Name (ie. ENGL): _____ Course Number : _____ Course Section: _____
Prerequisite course(s) for which waiver is being requested:
Course Name (ie. ENGL): _____ Course Number : _____ Course Section: _____
Co-requisite course(s) for which waiver is being requested:
Course Name (ie. ENGL): _____ Course Number : _____ Course Section: _____
Reason for request: Transcripts, course descriptions and other relevant documentation must accompany the waiver request. Please use the back of this form if additional space is required.

Student Signature: _____ Date: _____

Course Instructor (Print Name): _____ Signature: _____ Date: _____

Program Advisor (Print Name): _____ Signature: _____ Date: _____

Request Approved <input type="checkbox"/> Request Denied <input type="checkbox"/>
Reason for Denial:

Department Head: _____ Signature: _____ Date: _____

Send completed form to Student Support to be processed:

Wendy White in CCS 323 Email: wendy.white@ubc.ca

- SISC | Email Student/cc Prof
 SISC | Comments & Notes
 Scan & Archive
 File in Department Office

***** Register student in the course if not yet registered*****

Personal Information (“Information”) provided on this form is collected pursuant to section 26 of the Freedom of Information and Protection of Privacy Act (the “Act”), R.S.B.C. 1996, c.165 for the purpose of processing your request for a letter of permission. The information will be used and shared within UBC in accordance with the Act.