



School of Graduate Studies

Prerequisite Waiver

University of Lethbridge ID Number

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Today's Date

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This form is to be used to waive prerequisites for graduate-level programs. It cannot be used to waive or substitute course requirements for certain majors and/or degrees.

Students without the appropriate prerequisite waiver may be dropped from a course at any time without prior notification.

Review the program specific Policies & Procedures for detailed information (www.ulethbridge.ca/graduate-studies/policies-procedures).

Student information

Surname: _____ Given name(s): _____
Degree: _____ Major: _____
Concentration (if applicable): _____ Full-time Part-time

Course information

Term: 01=Spring (January to April); 02=Summer (May to August); 03=Fall (September to December)
Title _____
Year: _____ Term: _____ Course: _____ Number: _____ CRN: _____ Corresponding UG number: _____ Section: _____
Instructor _____
Lab/Tut (if applicable): _____ CRN: _____ Lab instructor _____

Rationale

Include a clear indication of the rationale for waiving course prerequisites:

Signatures

Your signature indicates you recommend waiving the course prerequisites for the student:

Instructor's name: _____ Signature: _____ Date: _____
Department Chair name: _____ Signature: _____ Date: _____
Faculty Dean name: _____ Signature: _____ Date: _____

Submit completed form to School of Graduate Studies Office no later than the last day of Add/Drop in a given term.

Office use only (final approval)

Your signature indicates you recommend waiving the course prerequisites for the student:

SGS Dean name: _____ Signature: _____ Date: _____