

University of Arts & Science Academic Advising

Room M2102

Phone: 403-329-5106

Email: artsci.advising@uleth.ca



## **Faculty of Arts & Science** PREREQUISITE WAIVER

I understand that	t I am responsible for r	egistering myse	elf in the course.
Today's Date:		Term Offered:	
Student Name:		U of L ID #:	
	(First and Last)		
Course you wish to ta	ke:	_	
	ke:	Section Letter	5 Digit CRN (i.e., 30737)
	waived:(i.e., ECON 1010)		
Rationale:			
Nationale.			
instructor:	(Printed Name)		
	(Printed Name)		(Signature)
Department Chair:			
	(Printed Name)		(Signature)
Student:			
	(Signature)	<del></del>	

## NOTE:

- It is the student's responsibility to acquire the approval of **both** the instructor and Department Chair before submitting this form.
- This form cannot be used to waive or substitute major, program, or degree requirements.
- The student must ensure this waiver is submitted to Arts & Science Academic Advising before registering in the course.
- Students without the appropriate prerequisite waived risk being dropped from the course without notice.
- Registration in the course is dependent on space availability.