



REQUEST TO WAIVE COURSE PREREQUISITE/CO-REQUISITE

Part A: to be completed by the student

DIRECTIONS TO STUDENTS:

- Complete Part A only. Be sure to get the Instructor's signature.
- Bring or email the form to the department for processing. Department contact information listed on the following page.

Date: Student Number:

Student Name: Student Email:

Course session (e.g. 2020W, Term 1):

Course in which you wish to register:

Course Name (e.g. BIOL): Course Number: Course Section:

Name of course instructor:

Prerequisite course(s) for which waiver is being requested:

Course Name (e.g. BIOL): Course Number: Course Section:

Corequisite course(s) for which waiver is being requested:

Course Name (e.g. BIOL): 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:

Course Instructor:

Instructor Signature:



Part B: to be completed by the Department

Request Approved:

Request Denied:

Dept Head Signature:

Date:

Reason for Denial:

Department Contact Information:

Department of Chemistry

Dept. Assistant: FIP 355
3247 University Way
chemistry.okanagan@ubc.ca

Department of Biology

Dept. Assistant: SCI 154
1177 Research Road
biology.okanagan@ubc.ca

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