



APPLICATION FOR WAIVER OF PRE-REQUISITE

Please accomplish in triplicate copies and submit to your Learning Center Coordinator or Faculty Office at least one month before the scheduled registration.

NAME OF APPLICANT		DATE FILED
STUDENT NO.	PROGRAM/MAJOR	LEARNING CENTER

The Dean
Faculty of _____

Dear Sir/Madam:

I would like to request permission to enroll in the subject(s) below. I have not passed the pre-requisite subject(s) indicated although I have fully attended the/these subject(s) previously:

COURSE TO BE ENROLLED	SEMESTER TO BE ENROLLED	PREREQUISITE COURSE(S)

Reasons for applying waiver: _____.

Signature of the Student

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CERTIFICATION OF THE REGISTRAR

PREREQUISITE COURSE (S)	SEM/YEAR TAKEN	FINAL GRADE	REMARKS

University Registrar

ACTION ON THE APPLICATION

RECOMMENDING APPROVAL:

APPROVED:

Program Chair
Date: _____

Dean
Date: _____