



Office of the Dean
Faculty of Health & Social Development
ART 360, 3333 University Way
Kelowna BC Canada V1V 1V7
Phone: (250) 807-8077 Fax: (250) 807-9865

REQUEST TO WAIVE COURSE PRE-REQUISITE/CO-REQUISITE

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

Student Number: _____

Student Last Name: _____

Student First Name: _____

Course in which you wish to register:

Course Name: _____

Course Number: _____

Course Section: _____

Pre-requisite for course(s) for which waiver is being requested:

Course Name: _____

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.

Instructor Name: _____

Approval Signature: _____

Approved

Denied - Reason for Denial

Signature of Dean: _____

Date: _____