



Access to Information and Protection of Privacy - The information on this form is collected under the authority of the *Memorial University Act (RSNL 1990 Chapter M-7)* and is needed for and will be used to update your student record. If you have any questions about the collection and use of this information contact the Associate Registrar, Registration and Enrolment Services at 864-8260.

REQUEST FOR WAIVER OF COURSE PREREQUISITE OR COREQUISITE

A **prerequisite** course is a course which must be successfully completed prior to registration in the course for which it is required. A **corequisite** course is a prerequisite which may be taken concurrently.

All courses identified in the Class Schedule as being courses in which prerequisite and corequisite requirements will be checked, will have the requirement checked at the time you register. If you fail to meet the requirement and have not already received permission from the academic unit, you will not be permitted to register in those courses.

Please note this form may be used for more than one course as long you obtain the approval of the Head of each of the respective academic units.

Yr.	Sem.	Student Number	Last Name	First Name
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Sem: Fall - F, Winter - W, Spring - S

E-mail Address: _____@mun.ca

HEAD(S) OF ACADEMIC UNIT ONLY

This student has been granted a waiver of the course prerequisite/corequisite for the following course(s):

SUBJECT	NUMBER	SIGNATURE(S)
□ □ □ □	□ □ □ □	_____
□ □ □ □	□ □ □ □	Head, Academic Unit
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NOTE TO ACADEMIC UNITS: Do not submit this form to the Office of the Registrar if you are keying prerequisite waivers on line.