



PREREQUISITE WAIVER REQUEST

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| Student Name: | Student Number: |
| E-mail Address: | Phone Number: |
| Prerequisite(s) to be waived: | Course you would like to take: |
| Instructor: | Lecture/Seminar class number: |

1. Please attach a copy of your advising transcript available from the Student Information System.
2. Submit this completed form to the Undergraduate Office, Faculty of Education: EDB 8631 with the Instructor's signature.
3. The Undergraduate Program Assistant will add the waiver clearance into the Student Information System.
4. You are responsible for enrolling yourself into the course.
5. Be aware of registration deadlines: <http://students.sfu.ca/deadlines/>

REASON FOR WAIVER:

Describe why you think you are prepared to take this course without the normal prerequisite(s):

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| Student Signature: | Date: |
| Instructor Approval: | Date: |
| Director Approval (401/402): | Date: |
| UGrad Program Assistant Signature: | Date waiver(s) entered into SIMS: |