

Office of the Dean Faculty of Health & Social Development ART 360, 1147 Research Road 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.

Course Name: Course Number: Course Section:		
Course in which you wish to register: Course Name: Course Number: Course Section: Pre-requisite for courses(s) for which waiver is being requested: Course Name: Course Number: 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: Approved	Student Number:	
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Instructor Name: Approved Approved	Course Number:	Course Section:
	Instructor Name:	Approval Signature:
Denied - Reason for Denial	☐ Approved	
	☐ Denied - Reas	n for Denial
Signature of Dean: Date:	Signature of Dean:	Date: