



PERMISSION TO REGISTER WITHOUT COURSE PREREQUISITES

Completed forms must be returned to the Enrolment Officer for processing.

Form MUST be filled out using Adobe Acrobat. Do not use Apple Preview.

STUDENT INFORMATION

Legal First Name:	Legal Last Name:
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SELKIRK COLLEGE STUDENT ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Program:
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Please evaluate my decision to take _____ without having fulfilled the prerequisites, based on the following information:

Previous Related Courses	Institution Location	Year Completed	Grade

STUDENT NAME

STUDENT SIGNATURE

DATE SIGNED

TO BE COMPLETED BY INSTRUCTOR/SCHOOL CHAIR

- I have discussed other options with the student.
- I recommend registration in a different course.
- I recommend registration in the course requested: _____
- I have explained that extra, independent work will be required by the student.
- The student is aware that, by taking the course without having fulfilled the prerequisites, they are at a higher risk of not completing the course successfully.
- The student is aware that other institutions may not grant a transfer credit for this course until the student fulfills the prerequisites for this course.

Comments:

INSTRUCTOR NAME

INSTRUCTOR SIGNATURE

DATE SIGNED

SCHOOL CHAIR NAME

SCHOOL CHAIR SIGNATURE

DATE SIGNED