

Permission to Register without Course Prerequisites

Completed forms must be returned to the Enrolment Services Coordinator for processing.

To be completed by student:

1.

Student Number	Last Name	First Name

2. Please evaluate my decision to take _____ without having
(course name & number)
 fulfilled the prerequisites, based on the following information:

3.

Previous Related Courses	Institution Location	Year Completed	Grade

To be completed by instructor/chair:

- 4.
- I have discussed other options with the student.
 - I recommend registration in a different course. _____
(course name & number)
 - 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, he/she is 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.

Student Signature _____ Date: _____

Instructor (Print name) _____

Instructor Signature _____ Date: _____

School Chair/
 Coordinator Approval _____ Date: _____

Additional comments: