Request for Permission to WAIVE PRE- and CO-Requisites

Step 1: Completed by Student and submitted to Undergraduate Student Advisor at enggadvising@ualberta.ca:

Student Information:

Name (SURNAME, First):_____ Student ID:_____

Email:_____ Program: _____

Year:_____ Course to be taken: _____

Pre-requisite required:_____ Co-requisite required:_____

Pre-requisite to be taken as co-requisite (Y/N):_____ Term:_____

Detailed reason for request:_____

_____

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_____

Student Signature: _____ Date: _____

Step 2: Completed by Undergraduate Student Advisor:

Confirm that information provided by student is factually correct: Intials:_____ Date: _____

Step 3: Completed by Associate Chair, Undergraduate Studies:

Consulted with:_____

☐ APPROVED; Comment:_____

☐ DENIED; Reason:_____

Associate Chair Signature:_____ Date:_____