



Prerequisite Waiver

Student Information

Legal Last Name	Legal First Name	Student Number C
Term	Course	Section

Permission of the Chair is accepted as an alternative to meeting academic prerequisites. Permission must be obtained and on record with the Registration department **prior to registering** in this course.

Prerequisite Waiver Assessment

Departmental Chair:

I have determined that this student meets the prerequisite for the above course. This assessment is valid for *this term only*.

Chair Signature: _____ Print Name: _____ Date: _____

Return completed form to the Registration Department

► camosun.ca • 1-877-554-7555 • 250-370-3550 ◀

Registration/FORMS



Prerequisite Waiver

Student Information

Legal Last Name	Legal First Name	Student Number C
Term	Course	Section

Permission of the Chair is accepted as an alternative to meeting academic prerequisites. Permission must be obtained and on record with the Registration department **prior to registering** in this course.

Prerequisite Waiver Assessment

Departmental Chair:

I have determined that this student meets the prerequisite for the above course. This assessment is valid for *this term only*.

Chair Signature: _____ Print Name: _____ Date: _____

Return completed form to the Registration Department

► camosun.ca • 1-877-554-7555 • 250-370-3550 ◀

Registration/FORMS