

Prerequisite Waiver



Student Information

Last Name		First Name	Student Number
Term *This assessment is valid for this term only.	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

Departmental Chair:

I have determined that this student meets the prerequisite for the above course for the following reason (must choose one):

OT- Official Transcript

UT- Unofficial Transcript

PL - Prior Learning

WE - Work Experience

LE - Life Experience

Chair Signature _____

Date _____

▶ Please email the completed form to registration@camosun.ca ◀