

Financial & Registration Services Prerequisite Waiver/Permission of Instructor

To register in a course for which you have not met the required prerequisite(s), you must obtain written permission from the instructor. Complete the top portion of this form, select option for approval and submit to the course instructor. The instructor must then initial your selection and sign the bottom portion of this form and submit to Financial & Registration Services. If the waiver request has been approved (and signed by the Dean if Science course), it will be forwarded to Financial & Registration Services and will serve as your registration for that course. You will **not** be required to submit an additional registration form. You will be able to view the course using the online student information system once processed. If the waiver request is denied, the form will be returned to you by mail. If you have any questions regarding your registration contact Financial & Registration Services.

Student Information:

Last Name: _____ First Name(s): _____

Student Number: _____ Degree: _____

Address/Box #: _____ BU email address: _____

City/Postal Code: _____ Phone Number: _____

Course Information: Academic Year _____ Regular Session Spring Session Summer Session

NOTE: This waiver, if approved, is valid only for the session indicated above.

DEPT NO	SUB-DEPT NAME	COURSE NO	SECT NO	LAB SECT (IF REQ'D)	TERM	COURSE TITLE	SLOT NO/TIME

Requesting: (check one only)

Instructor's Initials

Waiver of Prerequisite Course(s) _____

OR

Written Permission of Instructor (required for above course as per General Calendar) _____

OR

Other (please indicate) _____

Transfer Courses Pending (for Student Services advisor use only) Advisor's Initials: _____

Date: _____ Student's Signature: _____

This form will be processed as a registration form/change of registration form. In signing above, the student acknowledges having read and understood the ways in which personal information is collected and used at Brandon University, as described at [Personal Information Collection/Disclosures](#).

Instructor's Information: Indicate if you approve the above student's request by initialing beside the selected option and signing below. If another option is required, please initial beside approved option. This will confirm that the student has your permission to register in the aforementioned course without prior completion of required prerequisite(s) or has required written permission. This approval may not be conditional or rescinded once signed by Chair & Dean and processed by Financial & Registration Services.

If not approved, please check here: Denied

Comments: _____

_____ / _____ _____ _____
 (Instructor's name/signature) (Chair's signature) (Dean's signature)