



Pre-Requisite Waiver

Form must be submitted at time of registration

Year			Campus		Student ID Number
<input type="checkbox"/> Fall (Sept-Dec)	<input type="checkbox"/> Spring (May-June)	<input type="checkbox"/> Distance Learning	<input type="checkbox"/> Medicine Hat		
<input type="checkbox"/> Winter (Jan-April)	<input type="checkbox"/> Summer (July-Aug)	<input type="checkbox"/> Open Learning	<input type="checkbox"/> Brooks		

PERSONAL INFORMATION

Last Name:		First Name:	
Previous Name:		Phone #:	

PROGRAM OF STUDY

Program Name:	
Desired Course:	
Pre-requisite(s) Waived:	

Reason for Request (must be completed by student):

I understand that a pre-requisite waiver is only granted under exceptional circumstances and at the discretion of the Dean.

Further, I understand that if the waiver is granted, I am assuming the increased risk of not being successful in the course. I also understand that the course may not transfer to some post-secondary institutions without the pre-requisites.

Student Signature: _____ Date: _____

To be completed by the Dean: Approved Not Approved

Comments: _____

Dean's Signature _____ Date: _____

The completion and submission of this form is a requirement when requesting waiver of a prerequisite and the information will be used in making a decision. The personal information requested on this form is collected under the authority of the Post-secondary Learning Act and Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. The information collected will only be used for the purposes of delivery and administration of educational training and services. Questions concerning the collection, use or disposal of this information should be directed to the FOIP Coordinator, Medicine Hat College, 299 College Drive SE, Medicine Hat, AB, T1A3Y6, or 403-529-3800 or foip@mbc.ab.ca.