



Pre-Requisite Waiver

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 information requested in this form should be directed to Registration at registration@mhc.ab.ca or (403)504-3697. If you have any questions regarding this form, please contact the Registrar, Medicine Hat College, 299 College Dr SE, Medicine Hat, AB T1A 3Y6 at 403.529.3811.

PERSONAL INFORMATION			
Year		Campus	MHC Student ID Number
<input type="checkbox"/> Fall (Sept-Dec)	<input type="checkbox"/> Spring (May-June)	<input type="checkbox"/> Medicine Hat	
<input type="checkbox"/> Winter (Jan-April)	<input type="checkbox"/> Summer (July-Aug)	<input type="checkbox"/> Brooks	
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 Associate 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 Associate Dean:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Comments:	_____ _____ _____	
Associate Dean's Signature	_____	Date: _____