



DEPARTMENT OF PSYCHOLOGY

Prerequisite Waiver Form

Date: _____

Session: _____

Student Number: _____

First Name: _____

Last Name: _____

Email Address: _____

I am requesting permission to take _____ without having the required prerequisite _____

Please indicate below why you feel justified to take the requested course without the prerequisite.

Print this form and put it into the drop box located outside of the Psychology Office, Deerfield Hall, 4th Floor. You will be informed by email whether or not your request has been approved.

Summer Prerequisite Waivers

Prerequisite waiver forms will be considered after April 30. You are required to submit your completed form to the Academic Counsellor in the Department of Psychology, Deerfield, Hall, 4th Floor or put it in the drop box located outside the Psychology office.

Fall / Winter Prerequisite Waivers

Prerequisite waiver forms will only be considered after the Priority enrolment control has been removed for Fall session. Winter courses will be considered end of September. Academic Counsellor in the Department of Psychology, Deerfield Hall, 4th Floor or put it in the drop box located outside the Psychology office.

Department use only

Approved Not Approved Student Informed of decision _____
 Date

Reason/Comments

Authorized Signature _____

Date _____