

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.

Complete this form and email to UTM Psychology Undergraduate Program (utmpsych.utm@utoronto.ca).
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.

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 October.

Department use only

☐ Approved ☐ Not Approved ☐ Student Informed of decision _____
Date

Reason/Comments

Authorized Signature

Date