



**Faculty of Education
Department of Educational Psychology**

Course Pre-requisite Waiver Form

I _____ hereby make application to register in EDPY/EDIT _____
(Name of student – please print) *(Course Nbr)*

Term _____ without having the required prerequisite for this course. I request that the prerequisite of _____ be waived for the following reasons:

If granted a waiver, I understand and accept the risks and consequences involved in registering in a course without the stated pre-requisite listed above. The fact that I received a waiver cannot be used as an excuse for poor performance in this course and will not be considered by the Department as grounds for complaint or a grade appeal.

Student ID:	Phone:	E-mail:
Address:		
Faculty:	Major/Minor:	
Date:	Signature:	

(Instructor Signature for approval) *(Date)*

Department Approval *(Note: Approval does not guarantee enrollment in course.)*

(Department Signature for Approval) *(Date)*

The information requested on this form is collected under the authority of Section 33(c) of the Alberta *Freedom of Information and Protection of Privacy Act* to determine if a course pre-requisite(s) should be waived. Questions regarding the collection or use or disposal of this information should be addressed to the Associate Chair, Department of Educational Psychology, Faculty of Education, University of Alberta, 6-102 Education North, Edmonton, AB, T6G 2G5. Phone 780-492-5245, Fax: 780-492-1318. File Ref: 381.1