**DEPARTMENT OF POLITICAL SCIENCE**

**ST. GEORGE CAMPUS**

**REQUEST FOR PREREQUISITE/COREQUISITE WAIVER**

**NOTE: DEPARTMENTAL POLICY IS THAT PRE AND/OR CO-REQUISITES WAIVERS WILL NOT BE GRANTED EXCEPT IN EXTREME AND**

**UNUSUAL CASES**.

**FOLLOW THE STEPS BELOW CAREFULLY IN ORDER TO COMPLETE THE FORM**

1. **Complete section A.**
2. **Obtain the instructor’s permission.**
3. **Return the approved form to: Elizabeth Jagdeo Undergraduate Administrator Sidney Smith Hall, Room 3027**

**PLEASE TURN OVER**

**REQUEST FOR PREREQUISITE/COREQUISITE WAIVER**

**SECTION A**



**Surname:**



**Given names:**



**Student #:**



**College:**



**Program enrolled in:**



**Year of study (e.g. 3rd year):**



**Address:**



**Phone #:**



**Course #:**



**Course title:**



**Instructor:**



**Prerequisite/Corequisite**

**(indicate course):**



**Academic session**

**(e.g. 2008-09):**



**State reasons in support of**

**your request for a waiver:**



**List courses completed**

**successfully in Political**

**Science:**



**I support this request:**

|  |  |
| --- | --- |
| **...........................................................................** | **.........................................................** |
|  |  |
| **Instructor’s Signature** | **Date** |
|  |  |