

## PREREQUISITE WAIVER FORM

Student Name:	Student Number:
SFU email address:	Phone Number:
Prerequisite (s) to be waived:	Course and Instructor: <small>(example: CMPT 128 with Professor Doe)</small>
Lecture Number and Campus: <small>(example: CMPT 128: 11456 at Burnaby)</small>	Lab or Tutorial Number Associated with Lecture: <small>(example CMPT 128 Lab: 11456)</small>

### INSTRUCTIONS:

1. Please print clearly, sign & date the form.
2. Attach a copy of your ADVISING TRANSCRIPT available from the Student Information System.
3. Submit this completed form and transcript to the Computing Science main office .  
(located in ASB 9971 on the Burnaby campus or in Galleria 4100 on the Surrey campus).
4. The Undergraduate Program Assistant will obtain the Instructor’s signature and create the approved waiver clearance(s) in the Student Information System if your request is approved.
5. The Undergraduate Program Assistant will inform you of the outcome via email.
6. If approved, **you** are then responsible for adding yourself to the course using the Student Information System.
7. Be aware of registration deadlines. See <http://students.sfu.ca/deadlines/>

### REASON FOR WAIVER:

Describe why you think you are prepared to take this course without the normal prerequisite(s) (Attach another sheet if required)

Appropriate reasons could include:

- **Previous course work** List all relevant previous courses taken and their grades, including previous attempts at taking the prerequisite course(s)
- **Outside preparation** If you are applying for waiver(s) on the basis of outside work, make sure to describe the nature of that work. Note that you may be contacted for an interview by a faculty member
- **Own recognizance** Students with excellent grades may be given permission to take courses without prerequisites on their own recognizance. In such cases, waiver(s) are only granted under the condition that the student accepts responsibility for making up specific prerequisite topics on their own time without help from the course instructor. State whether you understand and accept these conditions below:


Student Signature:	Date:
Instructor Signature:	Date:
Request Approved <input type="checkbox"/> Request Denied <input type="checkbox"/>	
Ugrad Program Asst. Signature:	Date waiver(s) entered into SIMS: