

This section is to be completed by the student:

Student Number		Name	
Term (ie 15FW)	Subject	Course Number	Professor
Prerequisite(s) as stated in the course description			
<i>Please circle the prerequisite(s) that you have not met.</i>			
Student rationale for request:			

This section is to be completed by the professor: If professor is TBA, please have Chair/Director of discipline to sign on behalf.

Professor's Name (please print)	Chair/Director Name: <small>(only required if professor is TBA)</small>	
Comments:		
Decision: Approved <input type="checkbox"/> Denied <input type="checkbox"/>		
Professor's Signature	Chair/Director Name: <small>(only required if professor is TBA)</small>	Date:

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