



## PRE-REQUISITE WAIVER FORM (APM/MAT Courses only)

Application Deadline:	Date Application Submitted:
Surname:	First Name:
Student Number:	Cumulative Grade Point Average (CGPA):
Telephone:	E-mail:
Course(s) Requested: (APM/MAT)	Missing Pre-Requisite(s): (APM/MAT)

Please print and attach an unofficial copy of your transcript

Reason(s) for requesting the waiver:

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I have attached an unofficial transcript printed from ROSI/ACORN:

Yes No

Have you received other APM/MAT course waivers?

Yes No

List other waivers that you have received:

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### FOR OFFICIAL USE ONLY:

Date Reviewed: \_\_\_\_\_

Approved:  Yes  No

Approved By: \_\_\_\_\_  
(Print)

Entered By: \_\_\_\_\_  
(Print)

Signature: \_\_\_\_\_

\_\_\_\_\_