UNIVERSITY OF THE PHLIPPINES MINDANAO
OFFICE OF THE COLLEGE SECRETARY

APPLICATION FOR WAIVER OF PREREQUISITE

☐ CSM ☐ CHSS ☐ SOM

Surname First Name M.I. Student No.

Classificaton Degree Course Major

I would like to request permission to enroll the subject indicated below even without passing the prerequisite couse.

Subject to be enrolled Prerequisite(s)

( ) I have not passed the prerequisite course(s) although I have previously enrolled and fully attented the course(s) as certified by my instructor below.

Pre-requisite(s)	Semester/Year	Final Grade	Name of Instructor	Signature

Noted:

Adviser **Date**

ACTION OF THE DEPARTMENT ADMINSITERING THE COURSE

WAIVER OF PRE-REQUISITE COMMITTE **DATE** **RECOMMENDING APPROVAL/ DISAPPROVAL**

Signature Department Chair

Signature Date

Signature College Secretary

Signature Date

APPROVAL/ DISAPPROVAL

*** Attach TCG**

Dean Date