UNIVERSITY of GUELPH

OFFICE *of* REGISTRARIAL SERVICES

ENROLMENT SERVICES

Course Waiver Request

Check only one of the following:

- ☐ Summer
- ☑ Fall
- ☐ Winter

Year: 2020

NOTE: Email the completed form, including applicable instructor and Program Counsellor signatures, to es@uoguelph.ca

A. General Information

ID Number: 1070560

Last Name: Moubarak

First Name: Thea

B. Course Information

Course: (e.g. SOAN) BIOM

Code: (e.g. 4250) 3210

Section: (e.g. 0104) 0790

Course Title: (e.g. Energy and Society) Critical thinking in the health sciences

Instructor's Acknowledgement

Based on our discussions I, the instructor undersigned, acknowledge that the student may not have the specified requirements. By way of my signature I am waiving them.

Course Prerequisite or Corequisite Waiver

A prerequisite is a requirement for entry into a course. A corequisite is a course, the content of which is integrated with that of another course such that the courses must be taken simultaneously. Signing this box will override the prerequisite or corequisite requirement.

Course Restriction Waiver

A rule that restricts access to the course based on Student Program or previous credits. Signing this box will override this rule.

Instructor Consent

Instructor's Signature: _____

Date: _____

Section Overload Waiver

Course Section is at capacity. Signing this box will override the section capacity.

Instructor's Signature:————————————————————————————————

Date:————————————————

Late Add

Required for adding courses beyond the last day of the Add period for the current semester. Both signatures required.

Instructor's Signature:————————————————————————————————

Date:————————————————

Program Counsellor's Signature:————————————————————————————

Date:————————————————

Credit Overload Waiver

(Beyond 2.75 credits)

Program Counsellor's Signature:————————————————————————————

Date:————————————————

C. Student's Acknowledgement

I acknowledge that the information on this form is accurate.

Student's Signature:————————————————————————————————

Date:—September 9, 2020———————————

For Office Use Only

Drop Course:————————————————————————————————————

Student's Signature:————————————————————————————————

Date of Receipt:————————————————

Received by:————————————————————————————————————

Reset   Print