

UNIVERSITY OF THE PHILIPPINES 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 course.

Subject to be enrolled Prerequisite(s)

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

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

Signature over printed name of Student Date

Noted by: _____
Signature Over Printed Name of Program Coordinator

ACTION OF THE DEPARTMENT ADMINISTERING THE COURSE

WAIVER OF PRE-REQUISITE COMMITTEE	DATE	RECOMMENDING APPROVAL/ DISAPPROVAL
_____ Signature	_____	_____ Department Chair
_____ Signature	_____	_____ Date
_____ Signature	_____	_____ College Secretary
_____ Signature	_____	_____ Date

APPROVAL/ DISAPPROVAL

Dean Date

*** Attach TCG**