COLLEGE OF ARTS AND SCIENCES UP LOS BAÑOS

APPLICATION FOR WAIVER OF PREREQUISITE

Name:					
Degree Program:					
(Follow the nume	ric sequence)				
I. Subject to	be enrolled				
Course Number Course Title			Semester & AY to be enrolled		
Reason for applyi	ing for the waiver	æ:			
This is to certify	Moreover, the stu	is expected to grad	uate by:	2 nd Midyear o	of Academic Year (s) and has applied
Signature of the	College Secretar	y:	Date:		
If the student has	taken the prerequ	uisite course, please	ask the faculty-in	-charge (FIC) to accor	mplish III.
III. Certification	•	tor of the Prerequi	site Course		
Prerequisite		Final Grade*	Fully	Name of the FIC	
Course(s)	Last Taken		Attended? (Yes/No)	Printed Name	Signature
*If INC, please ind	icate the nature of	completion.			
This is to certify	that I agree , he prerequisite o		the following state e to disciplinary a	ement. The student's ction imposed upon	
	Sign	ature of the vice-c	maneenor for Stud	ent Mians	
	of the Application	on			
Evaluation of U	nit's Committee				
Recommending Approval Disapproval			Printed Name and Signature:		
Evaluation of Di	irector/Chair:				
Recommending	Approval	Disapproval	Printed Name and Signature:		
College Secretar	ry's Action (For t	he Dean):			
APPROVED	DISAPPRO	OVED	Printed Name and Signature:		