

COLLEGE OF ARTS AND SCIENCE
UP LOS BAÑOS

APPLICATION FOR WAIVER OF PREREQUISITE

Name: _____
Degree: _____

Student No.: _____
Date Filed: _____

I. Subject to be enrolled

Course No. _____ Course Title _____ Semester to be Enrolled _____
Reason for applying for waiver: _____

II. Certification of the College Secretary

This is to Certify that the student is expected to graduate by: 1st 2nd summer of academic year _____. Moreover, the student has taken the prerequisite course _____ times and has applied for waiver _____ times.

Signature of the College Secretary: _____

Date: _____

In case the student has taken the prerequisite course, please ask your teacher(s) to accomplish III.

III. Certification of the Instructor of the Prerequisite Course

Prerequisite Course(s)	Sem and Year Last Taken	Final Grade*	Fully Attended? (Yes/No)	Name of Instructor	
				Print	Signature

*If INC, please indicate the nature of completion.

IV. Certification of the Dean of Student Affairs

This is to certify that I agree disagree on the following statement. **The Student's failure to pass or earn credit in the prerequisite course was not due to disciplinary action impose upon him.**

Signature of the Dean of Student's Affairs

V. Evaluation of the Application

Evaluation of Unit's Committee Recommending <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval	Signature: _____
Evaluation of Director/Chair: Recommending <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval	Signature: _____
College Secretary's Action (For the Dean): Recommending <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval	Signature: _____