

University of the Philippines
OPEN UNIVERSITY

APPLICATION FOR WAIVER OF PRE-REQUISITE

Name of Applicant:	Date Filed:
Student Number:	Degree Program/Major
Learning Center:	Faculty:

The Dean
Faculty of _____

Dear Sir/Madam:

I would like to request permission to enroll in the subject(s) below. I have not passed the pre-requisite subject(s) indicated although I have fully attended the/these subject(s) previously:

SUBJECT(S)	PREREQUISITE (S)
_____	_____
_____	_____

Reasons for applying waiver: _____.

Signature of the Student

CERTIFICATION OF THE REGISTRAR

Pre-requisite Course (s)	Sem/Year Last Taken	Final Grade	Remarks

Registrar

<u>ACTION ON THIS APPLICATION:</u>	
RECOMMENDING APPROVAL:	APPROVED:
_____	_____
Program Coordinator	Dean
Date: _____	Date: _____

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RECOMMENDING APPROVAL: _____ Program Coordinator Date: _____	APPROVED: _____ Dean Date: _____