

Application for Special Consideration

Please note, this form must be lodged as soon as possible, and no later than the end of the first week of semester.

STUDENT NUMBER: _____

LAST NAME: _____

FIRST NAMES _____

PROGRAM: _____

Reason: Pre-requisite Waiver

- Permission to enrol in a course without having passed the pre-requisite course(s)

Subject Area	Catalogue Number	Name of Course
eg; COMP SCI	2000	Computer Systems

Justification:

Reason: Multiple Attempts

- Permission to enrol in a course for third or more attempt

Subject Area	Catalogue Number	Name of Course
eg; MATHS	1012	Mathematics IB

Justification:

Reason: Other (please fill in details of request)

Justification:

Student's Signature: _____

Date: _____

Office Use Only

Co-ordinator's Recommendation: _____

Signature: _____

Date: _____