

(To be filled in triplicate)

APPLICATION FOR WAIVER OF PREREQUISITE
(Not applicable for G.E. courses)

NAME: _____
(print Name)

DEGREE: _____

DATE: _____

The Chairman/Director
Department/Institute of _____
College of Science
University of the Philippines
Diliman, Quezon City

I would like to request permission to enroll in the subject(s) listed below. I have not yet passed the prerequisite subject(s) indicated although I have fully attended the subject(s) previously.

SUBJECTS

PREREQUISITE

(Signature of Student)

This is to certify that Mr./Ms. _____ had fully attended the course in _____ during the _____ semester of the school year 20__ - 20__ with a grade of _____.

This is to certify that the failure of Mr./Ms. _____ to pass the prerequisite course was not due to disciplinary action against him /her.

Instructor's Name and Signature

Vice-Chancellor for Student Affairs

**ACTION OF THE CHAIRMAN/
DIRECTOR**

APPROVED DISAPPROVED

COPY FOR:

- Department / Institute of _____
- College Secretary
- Student

Signature of Chairman/Director