WAIVER OF PREREQUISITES

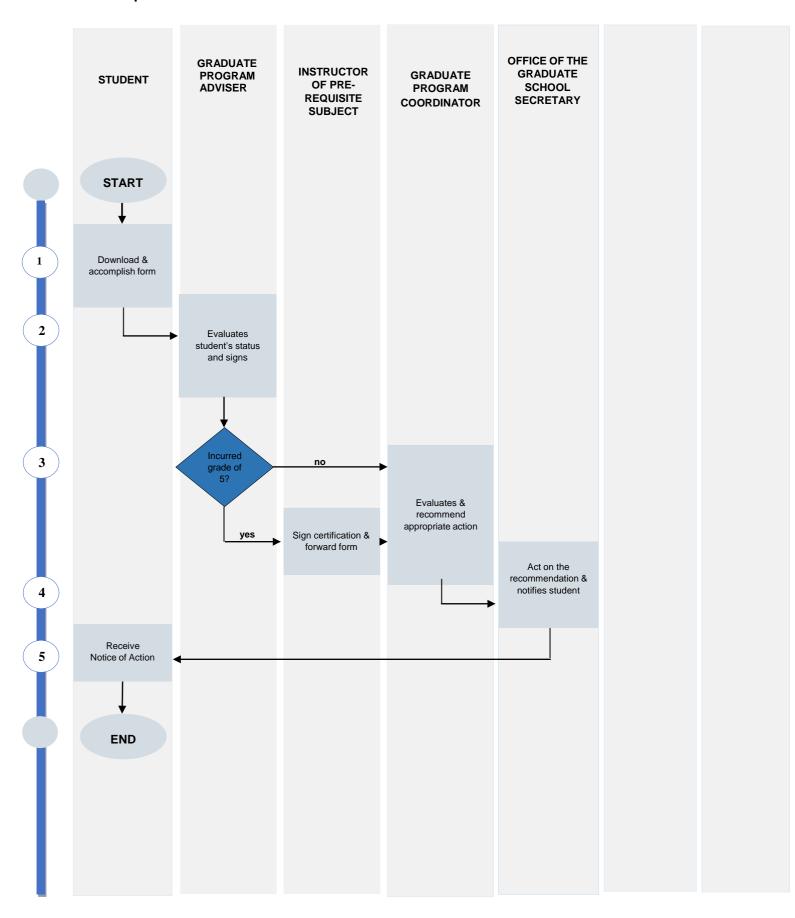
The granting of permission for prerequisite waivers requires the student to submit an application. A student may only apply for a waiver of prerequisites once for the same subject. Additionally, the application must include a certification from the student's instructor in the prerequisite course, confirming the student's full attendance in that course. This certification is not necessary if the student has achieved a grade of 4.0, as this implies full attendance. However, if the student receives a grade of 5.0, they must obtain their instructor's signature on the certification to confirm their full attendance in the class. A waiver of a prerequisite for a course that was dropped by the student of his/her own volition is NOT ALLOWED.

The faculty of the prerequisite course may refuse to sign the waiver based on his/her academic assessment of the student and instead advise the student to retake and pass the prerequisite course.

The student who is given permission under these guidelines is required to enroll in the prerequisite course concurrently with the course for which it is a prerequisite, or as soon as possible in the following semester.

Please find attached the flowchart illustrating the process for the waiver of prerequisites, as well as the prescribed form.

Waiver of Prerequisite





UNIVERSITY OF THE PHILIPPINES VISAYAS

GRADUATE SCHOOL

General Luna St., Iloilo City 5000 Philippines Email Address: <u>gs-secretary.upvisayas@up.edu.ph</u>



REQUEST FOR WAIVER OF PREREQUISITE

 Date		
Γhe Dean		
Graduate School JP Visayas, Iloilo City		
Dear Sir/Madam:		
would like to request permission to waive for the following reasons:	e as a prerequis	site of
Respectfully yours,		
		Evaluated by:
Signature over Printed Name Student Number :		
Contact No.:		aduate Program Advisor
Degree Program/Year Level: Email Address:		aduate Program Adviser
Remarks:		Date
RECOMMENDATION		ACTION
Approval / Disapproval:	Approval / Disapproval:	APPROVED / DISAPPROVED:
Faculty of the Course to be Enrolled in	Graduate Program Coordinator	Graduate School Dean
Date Remarks	Date s:	Date Remarks:
	CERTIFICATION	
This is to certify that		was enrolled in my class in
	the Semester/Trimeste	r, AY and
cc: Faculty handling the course	Name & Signature of Instructor in the Prerequisite Course	