

WAIVER OF PREREQUISITES

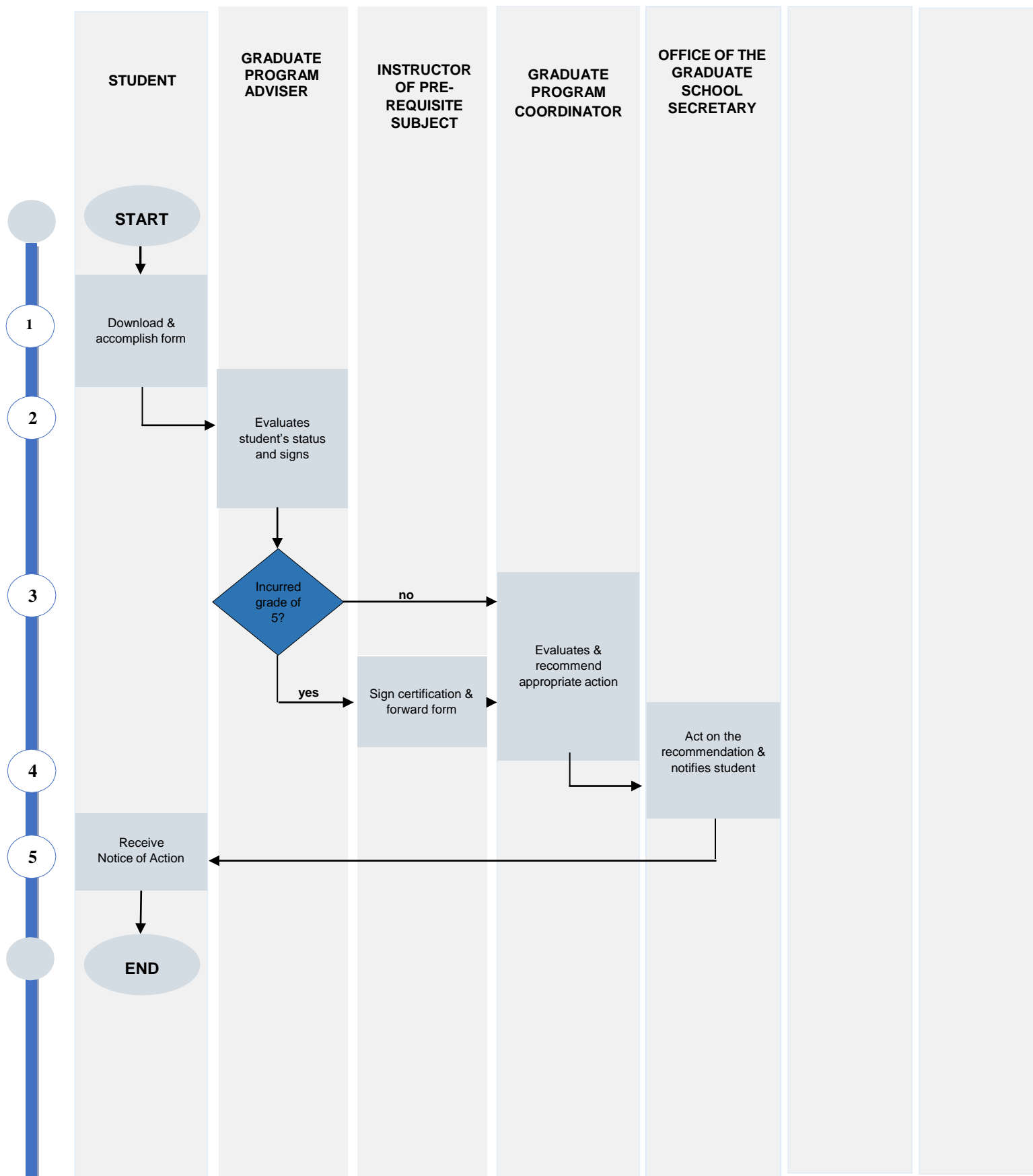
The granting of permission for prerequisite waivers requires the student to submit an application. A student may only apply for a waiver of prerequisites once for the same subject. Additionally, the application must include a certification from the student's instructor in the prerequisite course, confirming 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., 5000 Iloilo City, Philippines

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REQUEST FOR WAIVER OF PREREQUISITE

Date

The Dean
Graduate School
UP Visayas
Iloilo City

Sir/Madam:

I would like to request permission to waive _____ as a pre-requisite of _____
for the following reasons:

Respectfully yours,

Signature over Printed Name

Student Number : _____

Degree Program/Year Level: _____

Email Address: _____

Contact No.: _____

Evaluated by:

Graduate Program Adviser

Date: _____

Remarks:

Recommendation: **APPROVED / DISAPPROVED:**

Faculty of the Course to be Enrolled in _____ _____
Remarks Date

Recommendation: **APPROVED / DISAPPROVED:**

Graduate Program Coordinator _____ _____
Remarks Date

ACTION: **APPROVED / DISAPPROVED:**

Graduate School Dean _____ _____
Remarks Date

CERTIFICATION

This is to certify that _____ was enrolled in my class in
_____ during the _____ Semester/Trimester, AY _____ and attended the class during the
entire semester/trimester.

cc: Faculty handling the course

Faculty