COLLEGE OF VETERINARY MEDICINE
University of the Philippines at Los Baños

APPLICATION FOR WAIVER OF PREREQUISITE
(Deadline for application is 5 working days after the last day of submission of grades.)

Date: _____

Name (Print) : _____

Last	First	MI

Student No. : _____ Degree Program: _____ College: _____

Sir/Madam:

I would like to request permission to enroll in the course(s) indicated below.

Course to be enrolled: _____ Semester/Year to be enrolled: _____
Prerequisite course(s): _____

My case falls under the following category:
- ❑ I have not passed the prerequisite course(s) but I have previously enrolled and fully attended the course(s).
- ❑ I have not previously enrolled nor fully attended the prerequisite course(s)

_____
(Signature of student)

CERTIFICATION FROM THE COLLEGE SECRETARY

This is to certify that the student is expected to graduate by ❑ 1st ❑ 2nd ❑ summer of academic year
_____. He/She has taken the prerequisite course _____ time(s). This is his/her _____ time to apply for waiver.

Signature: _____ Date: _____

CERTIFICATION OF ATTENDANCE

Prerequisite Course(s)	No. of Times taken	Sem/Year Last Taken	Final Grade	Remarks	Name & Signature Of Instructor
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

ACTION OF THE APPLICATION

_____
Signature over Printed Name of Instructor to handle the course

Recommending ❑ Approval ❑ Disapproval　　　(For the Dean)
　　　　　　　　　　　　　　　　　　　　　❑ Approval ❑ Disapproval

_____ _____
Department Chair　　Date

　　　　　　　　　　　　　　_____　_____
　　　　　　　　　　　　　　College Secretary　　Date