

(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 19\_\_-19\_\_ with a grade of \_\_\_\_\_.

\_\_\_\_\_  
Instructor's Name and Signature

ACTION OF THE CHAIRMAN/  
DIRECTOR  
 APPROVED  DISAPPROVED

\_\_\_\_\_  
Signature of Chairman/Director

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

\_\_\_\_\_  
Vice-Chancellor for Student Affairs

COPY FOR:  
 Department / Institute of \_\_\_\_\_  
 College Secretary  
 Student