

Requesting a Prerequisite Waiver for a Warren Centre Course (includes all Actuarial courses)

1. The student may print off the “Departmental Permission Form” from the Asper Undergraduate Program web site:
<http://umanitoba.ca/asper/programs/undergraduate/academic-matters.html>
2. The student must complete Section A. of the form.
3. The student must e-mail both Departmental Permission Form and entire grade history to Dr. Zhenyu Wu zhenyu.wu@umanitoba.ca Acting Director of Warren Centre, with the details of the request and why they think they are justified to have the waiver and copy the Department Assistant, siobhan.vandekerke@umanitoba.ca on the email.

****NOTE: The subject line of the email should read as follows: “Prerequisite Waiver.”

Send the email to: zhenyu.wu@umanitoba.ca

4. Dr. Wu will read the student’s e-mail, look at the student’s academic history, and decide whether or not the prerequisite waiver is granted. If the prerequisite waiver is granted, Dr. Wu will sign the Departmental Permission Form.
5. Dr. Wu must be the one who signs all Departmental Permission Forms for the Warren Centre.
6. It is the student’s responsibility to follow-up with the Dr. Wu to determine whether or not the prerequisite waiver has been granted.
7. The Department will email the signed Departmental Permission Form back to the student, who will be responsible to email the signed form to the Program Advisor in their home faculty (the signed form for **Asper students** will be emailed to the Asper Undergraduate Program Office b_comm@umanitoba.ca).

Last updated Nov 27, 2020

THE UNIVERSITY OF MANITOBA
FACULTY OF MANAGEMENT
DEPARTMENTAL PERMISSION FORM

Section A: This section to be completed by the *STUDENT* and presented to the *INSTRUCTOR (if required) and DEPARTMENT HEAD* for approval. Once Section B has been completed by the Instructor and Department Head, this form must be presented to the Student's Dean's Office **NO LATER THAN 4:30 P.M. ON THE FINAL DATE FOR REGISTRATION REVISIONS** for the session indicated. Consult the appropriate Academic Schedule for specific dates.

Name: _____
(Last Name) (Given Name)

Student Number: _____ Faculty: _____

Fall 20 ____
 Summer 20 ____

Winter 20 ____

Course Code: _____ Section: _____ (One course per form please.)
 (example: ACC 1100)

Section B: This section to be completed by the *INSTRUCTOR (if required) and DEPARTMENT HEAD* no later than the final date for registration revisions for the session indicated. Consult the appropriate Academic Schedule for specific dates.

The Department/Program of _____ authorizes registration for the above noted student in the above noted course as follows:

Notwithstanding the lack of appropriate prerequisite

Notwithstanding the lack of appropriate co-requisite

Year in Program ("CLASS" override)

Written consent required

Signed: _____ Date: _____
(Instructor)

_____ Date: _____
(Department Head)

Section C: This section to be completed by the *DEAN/DIRECTOR'S REPRESENTATIVE* of the student's Faculty/School.

Advisor _____ Date _____ Comments: _____

Space Assigned by _____ Date _____