

THE UNIVERSITY OF ADELAIDE BUSINESS SCHOOL

APPLICATION FOR PRE-REQUISITE WAIVER

STUDENT ID:

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FAMILY NAME: _____ FIRST NAME: _____

Email address: _____@student.adelaide.edu.au

I hereby give permission to enrol in the following subject(s) without having the prerequisite/corerequisite subjects:

Lecturer In Charge Approval

Course Code	Course Title	Course being Waived	Yes	No	Signature

Reason(s): Give a brief explanation. Please provide any supporting documentation you think necessary as attachments.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Signed: _____ Date: _____

Student Adviser