

Course Approval Form

| | | | |
|--------------------------------|----------------------|--|---|
| Course Number | | Course Name | |
| Student Number | <input type="text"/> | Purpose of Approval | |
| Last Name | | [] Waive pre-requisite or co-requisite. | |
| First Name | | [] Defer pre-requisite or co-requisite until _____. | |
| Date of Birth (DD/MON/YYYY) | <input type="text"/> | Approval Signature | |
| Telephone Number | | Date | |
| Email Address | | Name | |
| | | Title | [] Dean [] Chair [] Instructor [] Advisor |
| Comments | | | |
| | | | |

UNBC Continuing Studies
Tel: 250-960-5980 Fax: 250-960-5984

3333 University Way, Prince George, BC, V2N 4Z9
www.unbc.ca/continuingstudies

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