

## **BACHELOR OF TECHNOLOGY WAIVER/PERMISSION FORM**

	Name:	Program & Level:		
	Student #:	McMaster E-mail:	@mcmaster.ca	
	Term:	<u></u>		
Course Prerequisite waiver This approval is required if you do not have the academic prerequisites to enreplease bring this form to the department offering the course you wish to Reason for request:				
	Missing Pre-requisit Course Code:	es: Date:		
	DEPARTMENTAL AUTH	Departmental Signature: ORIZATION (Please print NAME)		
В.	This approval is requested to department.	Please bring this form to the department offering the course you wish to enroll in.		
	Course Code:	Term: Date:		
Department Si		ORIZATION (Please Print NAME)  Department Signature:		
Course Equivalent This approval is required if the course for which you wish to register requires processed department.  Please bring this form to the department offering the course you wish to the Reason for request:				
	·			
		Term: Date:		

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Student Signature: \_\_\_\_\_