



BACHELOR OF TECHNOLOGY WAIVER/PERMISSION FORM

Name: _____ Program & Level: _____

Student #: _____ McMaster E-mail: _____@mcmaster.ca

Term: _____

A. Course Prerequisite waiver

This approval is required if you do not have the academic prerequisites to enroll or stay in a course.
Please bring this form to the department offering the course you wish to enroll in.

Reason for request:

Missing Pre-requisites:

Course Code: _____ Date: _____

DEPARTMENTAL AUTHORIZATION (Please print NAME) Departmental Signature: _____

B. Required Permission

This approval is required if the course for which you wish to register requires permission from the department.
Please bring this form to the department offering the course you wish to enroll in.

Reason for request:

Course Code: _____ Term: _____ Date: _____

DEPARTMENTAL AUTHORIZATION (Please Print NAME) Department Signature: _____

C. Course Equivalent

This approval is required if the course for which you wish to register requires permission from the department.
Please bring this form to the department offering the course you wish to enroll in.

Reason for request:

Course Code: _____ Term: _____ Date: _____

DEPARTMENTAL AUTHORIZATION (Please Print NAME) Department Signature: _____

Date: _____ **Student Signature:** _____