Requesting a Prerequisite Waiver for a Department of Marketing Course (MKT)

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 Departmental Permission Form.

3. The student must email their entire grade history (e.g. Aurora web transcript) along with the Departmental Permission Form to the Department Head, Sandeep Arora Sandeep.Arora@umanitoba.ca and copy the Department assistant, Tracy Elder Tracy.Elder@umanitoba.ca on the email.

4. The student must e-mail Professor Sandeep Arora, Department Head, Marketing, with the details of the request and why they think they are justified to have the waiver. ****NOTE: The subject line of the email should read as follows: “Prerequisite Waiver.”
   Send the email to: Sandeep.Arora@umanitoba.ca

5. Professor Arora 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, Professor Arora will sign the Departmental Permission Form.

6. Professor Arora must be the one who signs all Departmental Permission Forms for the Department of Marketing.

7. It is the student’s responsibility to follow-up with the Department of Marketing to determine whether or not the prerequisite waiver has been granted.

8. The Department of Marketing 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 July 10, 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 ______  ☐ Winter 20 ______
☐ Summer 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 ______ __________________________