Requesting a Prerequisite Waiver for a Warren Centre Course
(includes all Actuarial courses)

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 form.

3. The student must e-mail both Departmental Permission Form and entire grade history to Dr. Zhenyu Wu zhenyu.wu@umanitoba.ca Acting Director of Warren Centre, with the details of the request and why they think they are justified to have the waiver and copy the Department Assistant, siobhan.vandekeere@umanitoba.ca on the email.

   ****NOTE: The subject line of the email should read as follows: “Prerequisite Waiver.”

   Send the email to: zhenyu.wu@umanitoba.ca

4. Dr. Wu 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, Dr. Wu will sign the Departmental Permission Form.

5. Dr. Wu must be the one who signs all Departmental Permission Forms for the Warren Centre.

6. It is the student’s responsibility to follow-up with the Dr. Wu to determine whether or not the prerequisite waiver has been granted.

7. The Department 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 Nov 27, 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: ____________________________  
(Instructor)  Date: __________________

_______________________________  
(Department Head)  Date: ________________

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 ______  ____________________________

April 24, 2015  
S:\program\Prerequisite Waiver Process by Dept