

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

1. The student may access 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. Xuemiao (Samuel) Hao xuemiao.hao@umanitoba.ca 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, Colleen Loewen c.loewen@umanitoba.ca on the email.

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

Send the email to: xuemiao.hao@umanitoba.ca

4. Dr. Hao 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. Hao will sign the Departmental Permission Form.

5. Dr. Hao 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. Hao 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 July 25, 2023

THE UNIVERSITY OF MANITOBA
ASPER SCHOOL OF BUSINESS
DEPARTMENTAL PERMISSION FORM

Section A: This section is to be completed by the *STUDENT* and emailed to the *DEPARTMENT HEAD* for approval. After Section B has been completed by the Department Head, the student must email the signed form to the Academic Advising Office in the student's home faculty **NO LATER THAN 4:00 P.M. ON THE FINAL DATE FOR REGISTRATION REVISIONS for the term 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 is to be completed by the *DEPARTMENT HEAD* no later than the final date for registration revisions for the term 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: _____
(Department Head)

Section C: For non-Asper students, this section is to be completed by the *ACADEMIC ADVISING OFFICE* of the student's home Faculty/School. For Asper students, this section is to be completed by the Asper Undergraduate Program Office; please email the signed form to: B_Comm@umanitoba.ca

Advisor _____ Date _____ Comments: _____

Space Assigned by _____ Date _____