Requesting a Prerequisite Waiver for an Interdisciplinary Management Course (IDM)

- The student may download and/or print off the "Departmental Permission Form" from the Asper Undergraduate Program web site: https://umanitoba.ca/asper/student-experience/academic-policies-and-procedures#prerequisite-waiver-request-process-and-forms
- 2. The student must complete Section A. of the form.
- 3. The student must email their entire grade history (i.e. Aurora web transcript) along with the Departmental Permission Form to Associate Dean Robert Biscontri R.Biscontri@umanitoba.ca and copy the Confidential Assistant to the Associate Dean, Corinne Mizak Corinne.Mizak@umanitoba.ca on the email.
- 4. The student must e-mail Associate Dean Robert Biscontri 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: R.Biscontri@umanitoba.ca

- 5. Associate Dean Robert Biscontri 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 Biscontri will sign the Departmental Permission Form.
- 6. Professor Biscontri must be the one who signs all Departmental Permission Forms for Interdisciplinary Management (IDM) courses.
- 7. It is the student's responsibility to follow-up with Professor Biscontri or Corinne Mizak to determine whether or not the prerequisite waiver has been granted.
- 8. Confidential Assistant to the Associate Dean, Corinne Mizak, 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 January 14, 2025

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 Summer 20 Course Code:(example: ACC 1100)	Winter 20 Section: (One course per form please.)
	leted by the <i>DEPARTMENT HEAD no later than the final date</i> or the term indicated. Consult the appropriate Academic s.
The Department/Program of	authorizes
registration for the above noted student in t	ne 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:(Department Head)	Date:
OFFICE of the student's h	his section is to be completed by the ACADEMIC ADVISING ome Faculty/School. For Asper students, this section is to be Indergraduate Program Office; please email the signed form .ca
Advisor	Date Comments:
Space Assigned by	Date