

Appendix E - Application for Waiving Pre-Requisite



Victoria Academy
Mens sana in corpore sano - A sound mind in a sound body

APPLICATION FOR WAIVING PRE-REQUISITE

For Official Use Only

Students Name _____

Student's VA No.: _____ Student's OEN: _____

Student's Telephone: _____ Student's Email: _____

Complete using the appropriate course codes:

I am requesting to take _____ without having the following required prerequisite(s):
_____.

Reason for request:

Why you believe you will be able to take the course without the required prerequisite(s)?

_____.

Student's Signature _____ Parent/Guardian Signature _____

Instructor's Comments: _____ Date _____

Principal's Signature _____ Date _____