



WAIVER OF PREREQUISITE COURSE FORM

STUDENT INFORMATION

Date of Application: _____

First Name: _____

Last Name: _____

Birthdate: _____

Current Grade: _____

Name of School: _____

PREREQUISITE COURSE(S) TO BE WAIVED:

Reason(s) for waiver(s):

SUPPORTING EVIDENCE

What supporting evidence will you provide to demonstrate that the student can meet the prerequisites:

SIGNATURES

Student Signature

Date

Parent/Guardian Signature

Date

Principal Signature

Date

Please email a scanned copy of this completed form and any supporting documents to office@nimbuseducation.ca A copy of this completed form will be filed in the Ontario Student Record.