

MUN Chemistry prerequisite or co-requisite waiver request form

Instructions: Download this file and use Adobe Reader to access it and fill in the Fields with an * must be completed. Once completed it must be sent to chemapo@mun.ca

Full Name *

MUN Student Number *

Telephone Number (including area code) *

Semester *

Course and section for which you wish to register *

CRN for this course and section *

Explain why you need this waiver *