

Access to Information and Protection of Privacy: The information on this form is collected under the authority of the Memorial University Act (RSNL 1990 Chapter M-7) and is needed for and will be used to update your student record. If you have any questions about the collection and use of this information, contact the Registrar, Grenfell Campus

REGISTRATION WAIVER

This form is used when requesting a waiver for a prerequisite/corequisite, permission to register for a course for which a time conflict exists, or requesting permission to register for a course you have already received credit for.

Student First 1	Name			
Student Last N	Name			
Student Numb	oer		Semester Fall Wint	ter Spring Year: 20
Student Signature:			Date:	
Prerequisite	or Corequisite W	⁷ aiver (f	or Grenfell course offe	rings only)
Subject	Course Number	Section	Instructors Signature	Program Chair Signature
	ct Waiver (please in			
Subject	Course Number	Section	Instructors Signature	
	•			
Repeat Cou	rse Waiver			
Subject	Course Number	ourse Number Section Registrar's Office Approval		val
For Office Use	Only			
Keyed by:	,	ate:		

Updated: Oct 29, 2025