



Term	Subject	Course #	Section #	Start Date
<p>INSTRUCTOR: This student has my authorization to enrol in the above course.</p> <p>Does this require a course overload? Y N</p> <p>Instructor Signature: _____ Date: _____</p>				
<p>Prerequisite Assessment: <i>Authorization of the Chair is accepted as an alternative to academic prerequisites. Authorization must be obtained and on record with the Registration Department prior to registering in this course.</i></p>				
<p>DEPARTMENTAL CHAIR: I have determined that this student meets the prerequisite for the above course.</p> <p>Chair Signature: _____ Date: _____</p>				

Return completed form to the Registration Department
or email to registration@camosun.ca