

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_

Email Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

I declare that I have passed \_\_\_\_\_ at \_\_\_\_\_ on \_\_\_\_\_ and want this course to be accepted as fulfilling the prerequisite requirements for \_\_\_\_\_.

I recognize that:

1. I may be requested to submit an official transcript and/or detailed course outline to verify this statement.
2. If it is determined that I have made a false declaration, I will be withdrawn from the course and no fees will be refunded.
3. Completion of a false declaration may also constitute an act of academic misconduct, which could result in disciplinary action under the Athabasca university Academic Conduct policy.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit your completed form or any questions to us at:

NURSING & HEALTH STUDIES PROGRAMS

Fax: 780-675-6468

Email: [cnhsgrad@athabascau.ca](mailto:cnhsgrad@athabascau.ca)

OR

COUNSELLING PROGRAMS

Fax: 780-421-5046

Email: [gcapadmin@gcap.ca](mailto:gcapadmin@gcap.ca)

FOR OFFICE USE ONLY

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Prerequisite Evaluations

- Approved  
 Not Approved  
 Need More Information

Follow-up Review (if required)

- Approved  
 Not Approved

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Notification: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Notification: \_\_\_\_\_

Date: \_\_\_\_\_