

Prerequisite Declaration

Name: _____
Last First Middle

Residence Telephone: _____
(include area code)

Address: _____

Business Telephone: _____
(include area code)

Postal Code: _____

Email: _____

I declare that I have passed _____

at _____
Institution

on _____
Date

and want this course to be accepted as fulfilling the prerequisite requirements for _____
Course

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2) If it is determined that I have made a false declaration, I will be withdrawn from the course and no fees will be refunded.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.

The personal information collected on this form will be used for the purpose of processing your request. The collection of this personal information is necessary for operating and administrating the services of the Centre for Nursing and Health Studies. This information is collected under the authority of the Alberta universities Act that mandates the programs and services offered by Athabasca University and section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. It will be protected by the provisions of the Alberta Freedom of Information and Protection of Privacy Act. If you have any questions about the collection and use of this information, contact the Director, Centre for Nursing and Health Studies, Athabasca University, 1 University Drive, Athabasca, AB Canada T9S 3A3. Telephone: (780) 675-6381.

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY

Prerequisite Evaluation

- Approved
 Not Approved
 Need More Information

Signature: _____

Date: _____

Student Notification: _____

Date: _____

Follow-up Review (if required)

- Approved
 Not Approved

Signature: _____

Date: _____

Student Notification: _____

Date: _____