

Last Name: First Name:	Email Address: Phone Number:			
I declare that I have pass ar for		o be acce	at pted as fulfilling the prere	on quisite requirements
I recognize that:	 I may be requested to submit an official transcript and/or detailed course outline to verify this statement. If it is determined that I have made a false declaration, I will be withdrawn from the course and no fees will be refunded. 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 comp	bleted form or any qu	uestions	to us at:	
NURSING & HEALTH ST Email: <u>cnhsgrad@athal</u>		OR	COUNSELLING PROG Email: <u>gcapadmin@</u>	
FOR OFFICE USE ONLY				
Prerequisite Evaluations		F	ollow-up Review (if required)	
□ Not Approved		C	Not Approved	
□ Need More Information				
Signature: Date: Student Notification: Date:		D St	gnature: ate: tudent Notification: ate:	

The personal information collected on this form will be used for the purpose of processing your declaration and is collected under the authority of section 33 (c) of the Alberta Freedom of Information and Privacy Act. If you have any questions about the collection and use of this information, contact the Faculty of Health Disciplines, Athabasca University, 1 University Drive, Athabasca, AB T9S 3A3. Updated: 7/16/2020