

**COLLEGE OF ENGINEERING AND AGRO-INDUSTRIAL TECHNOLOGY**  
**University of the Philippines Los Baños**

**APPLICATION FOR WAIVER OF PREREQUISITE**

\_\_\_\_\_ Semester/Summer 20\_\_\_\_-20\_\_\_\_

**Note:** Application should be submitted **on or before** the scheduled date given by the Office of the College Secretary

Name of Student: \_\_\_\_\_  
Family First M.I.

Degree Program: \_\_\_\_\_

Student Number: \_\_\_\_\_ SAIS Number: \_\_\_\_\_

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

**Prof. Rex B. Demafelis, PhD**  
Dean, CEAT

Sir/Ma'am:

I would like to request permission to waive the prerequisite of the course state below:

Course to be enrolled : \_\_\_\_\_ Section: \_\_\_\_\_

Prerequisite course(s): \_\_\_\_\_ Section: \_\_\_\_\_ Semester to be enrolled: \_\_\_\_\_

For the following reason:

- ☐ I have not yet passed the prerequisite course(s) indicated although I have fully attended this subject previously and the failure of the course is not due to any disciplinary action.
- ☐ I have not previously enrolled nor fully attended the prerequisite course(s) but I am expected to graduate within the year.

\_\_\_\_\_  
Signature of Student

**CERTIFICATION OF ATTENDANCE**

(To be accomplished by the instructor or department chairman)

This is to certify that \_\_\_\_\_ has fully attended the course(s) below:

Prerequisite Course(s)	Sem/Year Taken	Final Grade	Remarks	Name of Faculty-in Charge (In Print)	Signature
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**CERTIFICATION FROM THE COLLEGE SECRETARY**

This is to certify that the student ☐ failed the course not due to any disciplinary action.

Total No. of Units: \_\_\_\_\_ ☐ has an approved waiver of prerequisite for \_\_\_\_\_ time (s)  
Earned Units: \_\_\_\_\_

☐ expected to graduate by ☐ 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ summer of the academic year \_\_\_\_\_.

Estimated Remaining Units: \_\_\_\_\_

**Assoc. Prof. Butch G. Bataller, PhD**

College Secretary

\_\_\_\_\_  
Date

**ACTION ON THE APPLICATION**

Recommending Approval/Disapproval:

Recommending Approval/Disapproval:

\_\_\_\_\_  
Signature over Printed Name of Adviser

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature over Printed Name  
Faculty to handle the course

\_\_\_\_\_  
Date

Recommending Approval/Disapproval:

Approved/Disapproved for the Dean:

\_\_\_\_\_  
Signature over Printed Name  
Department Chair/Institute Director  
of the unit offering the course

\_\_\_\_\_  
Date

**Assoc. Prof. Butch G. Bataller, PhD**

College Secretary

\_\_\_\_\_  
Date