



Term	Subject	Course #	Section #	Start Date
<b>INSTRUCTOR:</b> This student has my authorization to enrol in the above course.  Does this require a course overload? Y N  Instructor Signature: _____ Date: _____				
<b>Prerequisite Assessment:</b> <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>				
<b>DEPARTMENTAL CHAIR:</b> I have determined that this student meets the prerequisite for the above course.  Chair Signature: _____ Date: _____				

Return completed form to the Registration Department  
or email to [registration@camosun.ca](mailto:registration@camosun.ca)