

Last Name: _____

Email Address: _____

First Name: _____

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 If it is determined that I have made a false declaration, I will be withdrawn from the course and no fees will be refunded.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:Please direct your completed form and any questions to fhdgradadmin@athabascau.ca.**FOR OFFICE USE ONLY**

Prerequisite Evaluations

- Approved
- Not Approved
- Need More Information

Follow-up Review (if required)

- Approved
- Not Approved

Signature: _____

Signature: _____

Date: _____

Date: _____

Student Notification: _____

Student Notification: _____

Date: _____

Date: _____