

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 If it is determined that I have made a false declaration, I will be withdrawn from the course and no fees will be refunded.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

NURSING & HEALTH STUDIES PROGRAMS

Email: cnhsgrad@athabascau.ca

OR

COUNSELLING PROGRAMS

Email: gcapadmin@athabascau.ca

FOR OFFICE USE ONLY

Prerequisite Evaluations

- Approved
 Not Approved
 Need More Information

Follow-up Review (if required)

- Approved
 Not Approved

Signature: _____

Date: _____

Student Notification: _____

Date: _____

Signature: _____

Date: _____

Student Notification: _____

Date: _____