



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

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