

Office Use Only:	
Approved ___ Y/N ___	Emailed ___ Y/N ___
Keyed _____	Date _____ INT _____

Application to waive pre requisite conditions to enrol in a unit

To be enrolled in any unit from the Faculty of Pharmacy and Pharmaceutical Sciences, it is expected that students will have satisfied all pre requisite requirements as outlined in the online handbook:

<http://www.monash.edu.au/pubs/handbooks>

However, if students have not successfully completed all conditions for enrolment and believe they have exceptional circumstances compelling them to still attempt to study a particular unit, they must seek approval for pre requisite rules to be waived.

This approval must be signed by the Unit Coordinator prior to submission to the Student Services counter in Sissons Building. Once submitted, a course advisor will determine the suitability of this enrolment request for your course progression and individual circumstances.

Section A: Personal Details

Student ID Number:

--	--	--	--	--	--	--	--

Last Name: _____

First Names _____

Contact Number: _____

Email: _____@student.monash.edu

Course (circle one): Bachelor of Pharmaceutical Science/ Bachelor of Pharmacy

Section B: Unit Details and Reason

Please provide details of the unit for which you are applying to have rules waived for and a brief statement summarising the reason for request:

Unit Code	Unit Title	Reason

Section C: Unit Coordinator Approval

Unit Coordinator's Name	Unit Coordinator's Signature

Section D: Student Declaration

By signing this form you agree not to apply for special consideration for the unit listed above on the basis that you had not completed all requested pre requisite studies prior to enrolling.

Student signature: _____ Date _____

When this form is completed and signed, please submit it to Student Services in the Sissons Building. You will be notified via email if the unit has been added or if there are any problems with the application.