**PRE-REQUISITE OR CO-REQUISITE WAIVER REQUEST FORM**

(For BME, CENG, CIVE, CSC, ELEC, ENGR, MECH, & SENG Courses)

The Program Director and the Department offering the course will determine if the request is to be granted, and registration override is to be completed by the individual departments. Submit this request to your Academic advisor.

**PLEASE NOTE:** The Bachelor of Engineering and Bachelor of Software Engineering’s policy requires students to normally have a minimum 6.0 GPA to have their requests considered.

- Biomedical, Mechanical, Software – contact Belinda de Jong, engradv1@uvic.ca, Room EOW 217
- Civil, Computer, Electrical – contact Alejandra Montenegro, engradv2@uvic.ca, Room EOW 219
- Computer Science – contact Sue Butler, cscadvisor@uvic.ca, Room ECS 512

Part 1: To be completed by student

<table>
<thead>
<tr>
<th>Request date: ____________________</th>
<th>Student name: __________________________________________</th>
<th>Student Number: V00__________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email address: ____________________</td>
<td>----------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Course for which waiver is requested: ____________________</td>
<td>Prerequisite or co-requisite course(s) to be waived: ________________</td>
<td>Reason waiver should be granted (attach relevant information): ________________</td>
</tr>
<tr>
<td>Student’s Signature: ____________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part 2: To be completed by Department offering course & Program Director. *ENGR courses determined by the Associate Dean*

**a) Approval of Department Offering Course**

I approve of the above request: Yes No

Name: ____________________ Signature: ____________________ Date: ____________________

**b) Approval of Program Director**

I approve of the above request: Yes No

Name: ____________________ Signature: ____________________ Date: ____________________

Part 3: Pre-requisite Override

**Updated in Banner:**

Name: ____________________ Signature: ____________________ Date: ____________________