Faculty of Human and Social Development
Dean’s Waiver/Adjudication Request

School: __________________________ Date: ______________________

Student Name: __________________________ Student # ______________

Spring Graduation: ________________ Fall Graduation: ________________

Has the student met the UVic Residency Requirement? Yes ___ No ___

Has the student met the UVic Degree Requirement? Yes ___ No ___

Has the student met the Upper Level Course Requirement? (21 units) Yes ___ No ___

If you have ticked NO to any of the above please explain:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Waiver/Adjudication Request on: UVic Residency: ______________

UVic Degree Requirement: __________

Upper Level 21 units: ______________

Rationale: _____________________________________________________________

________________________________________________________________________

________________________________________________________________________

Approved: __________________________ Date: ______________________

________________________________________________
Dean, Faculty of Human and Social Development