



REQUEST FOR REGISTRATION WITH A TIME CONFLICT

Faculty of Engineering and Computer Science students wishing to apply for registration with a time conflict must complete this form and submit it to your program’s Academic Advisor. Requests must be submitted as soon as a conflict is identified. The deadline for submission is prior to the last day to add courses to a term.

- First Year and Undeclared Last Name A-P – contact LeAnne Golinsky, engradav@uvic.ca, EOW 211
- Mechanical – contact Belinda de Jong, engradv1@uvic.ca, EOW 207
- Software, Biomedical, and Undeclared Last Name Q – Z – contact Janette DeLong, ecsadvisor@uvic.ca, EOW 209
- Civil, Computer, Electrical – contact Alejandra Montenegro, engradv2@uvic.ca, EOW 217
- Computer Science – Year 1-3 contact David Clark cscadvisor2@uvic.ca, Year 4 contact Irene Statham, cscadvisor@uvic.ca

Requirements for Consideration:

1. Students must submit these requests to their program’s Academic Advisor.
2. Students must acknowledge that these requests are only approved in exceptional circumstances (i.e., when there is no alternative program plan or when graduation is otherwise significantly delayed etc.).
3. Students must have a minimum sessional GPA of 6.0 for their request to be considered. A sessional GPA of 6.0 or above does not guarantee your request will be approved.
4. Requests are only accepted from students in the final academic year of their program or if justified by the students’ Academic Advisor.
5. Students must secure written supporting documentation from both instructors discussing the implications of missing all or part of any component of both conflicting courses. The instructors’ emails must acknowledge that such a discussion took place, confirm the understanding that both courses may be impacted, and be attached to your request. Instructor supporting documentation does not guarantee your request will be approved.

Request Date: _____
 Student Name: _____
 Student Number: _____
 Student Email: _____

Summer Session Winter Session (Fall Term) Winter Session (Spring Term)

-SAMPLE-

Instructor Name (printed)	Course	CRN	Day	Times	Section
John Doe	ECE 320	12345	M, R	1:30-3:00	A02
Jane Doe	COM 250	09876	M	1:30-3:00	B03

Instructor Name (printed)	Course	CRN	Day	Times	Section

Reason for Request: _____

Student Signature: _____ Date: _____

Advisor Comments & _____
 Sessional GPA: _____

Approved Denied

Associate Dean: _____ Date: _____