

Faculty of Engineering and Computer Science | Engineering Undergraduate Office Engineering Office Wing, Room 206, PO Box 1700 STN CSC Victoria BC V8W 2Y2 Canada 250-721-6023 | engr@uvic.ca | uvic.ca/ecs | @UVicECS

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 contact LeAnne Golinksy, engradav@uvic.ca, EOW 211
- Mechanical, Software contact Belinda de Jong, engradv1@uvic.ca, EOW 207
- Biomedical, Civil, Computer, Electrical contact Alejandra Montenegro, engradv2@uvic.ca, EOW 217
- Computer Science contact Irene Statham, cscadvisor@uvic.ca, ECS 512

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. Students must secure written permission via email from both instructors discussing the implications of missing all or part of any part 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.

| Request Date: Student Name: Student Number: Student Email: | | | | | | |
|---|-------|---------------------|----------------|--------------------|-------------|---------|
| ☐ Summer Session | | Winter Session (Fal | | Winter Session (Sp | oring Term) | |
| Instructor Nama (prin | atad) | Course | -SAMPLE CRN | :- Day | Times | Section |
| Instructor Name (printed) John Doe | | ECE 320 | 12345 | M, R | 1:30-3:00 | A02 |
| Jane Doe | | COM 250 | 09876 | M | 1:30-3:00 | B03 |
| Jane Doe | | COIVI 230 | 09670 | IVI | 1.30-3.00 | BU3 |
| Instructor Name (printed) | | Course | CRN | Day | Times | Section |
| | | | | | | |
| | | | | | | |
| Reason for Request: | | | | | | |
| Student Signature: | | | Date: | | | |
| Advisor Comments & Sessional GPA: | | | | | | |
| ☐ Approved | ı | □ Denied | | | | |
| Associate Dean: | | | Date: | | | |