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 their 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 (Fall Term)  ☐ Winter Session (Spring Term)

-SAMPLE-

<table>
<thead>
<tr>
<th>Instructor Name (printed)</th>
<th>Course</th>
<th>CRN</th>
<th>Day</th>
<th>Times</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Doe</td>
<td>ECE 320</td>
<td>12345</td>
<td>M, R</td>
<td>1:30-3:00</td>
<td>A02</td>
</tr>
<tr>
<td>Jane Doe</td>
<td>COM 250</td>
<td>09876</td>
<td>M</td>
<td>1:30-3:00</td>
<td>B03</td>
</tr>
</tbody>
</table>

Instructor Name (printed) | Course | CRN  | Day | Times       | Section |
|--------------------------|--------|------|-----|-------------|---------|

Reason for Request: ____________________________________________________________
___________________________________________________________________________

Student Signature: ___________________________ Date: ___________________________

Advisor Comments & Sessional GPA: ____________________________________________
___________________________________________________________________________

☐ Approved  ☐ Denied

Associate Dean: ___________________________ Date: ___________________________

Updated Dec 2021 / ML