



University of Victoria

Exercise Science, Physical & Health Education

School of Exercise Science, Physical and Health Education

PO Box 1700 STN CSC
Victoria British Columbia V8W 2Y2 Canada
Tel 250-721-8373 Fax 250-721-6601
E-mail epheprogasst@uvic.ca
Web http://www.uvic.ca/education/exercise/

REQUEST FOR WAIVER FORM

PART A - to be completed by student:

Student #: V00 Name: E-mail:

Your program: BSc Kinesiology BA Recreation & Health Education PHE Teachable area

Other (list your program if not one of above):

Course for which waiver is requested: EPHE CRN TERM:

Request for waiver due to:

- Missing pre-requisite
Year restriction (Refer to University Calendar for determination of year [Below 12 units = First Year; 12 to 26.5 units = Second Year])
Level/Major restriction

Reason for waiver:

Attach relevant documentation for courses taken at universities and colleges, INCLUDING UVic, to support your request. This could include: unofficial transcripts; transfer credit documentation; course outlines if not in BC Transfer Guide, etc.

PART B - OFFICE USE ONLY

Approval: Yes No

Signature: (Program Lead or Director)

Front Office Administration:

Banner Student email notification Date Initial