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 ______

July 2018