

PART A – To be completed by student***Student information***

Student number:

Student name:

Email:

Your current program, or faculty if undeclared

- Kinesiology Recreation & Health Education
 Physical & Health Education Minor in Physical Education
 Non-degree (PHE teachable subject area)
 Other, please specify:

Course for which override is requested

Course name:

Course number: CRN: Term:

Type of override being requested

- Missing prerequisite
 Year restriction
 Program restriction

Reason for waiver (NB, attach supporting documentation if appropriate):

Submitting your form

Once completed, this form should be handed into McKinnon Building Room 120, or emailed to:

epheprogasst@uvic.ca

You will be contacted once your request has been reviewed. Please note that submission of an override request does not guarantee that your request will be approved.

PART B – EPHE office useApproved: Yes No Banner Student notifiedReferred: Program lead Director of EPHE

Date:

Initials: