PRE-REQUISITE OR CO-REQUISITE WAIVER REQUEST FORM
(For BME, CENG, CIVE, CSC, ELEC, ENGR, MECH, & SENG Courses)

The Program Director and the Department offering the course will determine if the request is to be granted, and registration override is to be completed by the individual departments. Submit this request to your Academic advisor.

PLEASE NOTE: The Bachelor of Engineering and Bachelor of Software Engineering’s policy requires students to normally have a minimum 6.0 GPA to have their requests considered.

- Biomedical, Mechanical, Software – contact Belinda de Jong, engradv1@uvic.ca, Room EOW 207
- Civil, Computer, Electrical – contact Alejandra Montenegro, engradv2@uvic.ca, Room EOW 219
- Computer Science – contact Sue Butler, cscadvisor@uvic.ca, Room ECS 512

Part 1: To be completed by student

Request date: __________________________

Student name: ___________________________ Student Number: V00___________

Email address: __________________________

Course for which waiver is requested: ___________________________ Term __________________________

Prerequisite or co-requisite course(s) to be waived: ____________________________

Reason waiver should be granted (attach relevant information):

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Student’s Signature: ___________________________

Part 2: Consultation with Academic Advisor

a) Advisor’s recommendation to student:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Advisor recommends waiver: Yes No

Signature: ___________________________ Date: ___________________________

Part 3: To be completed by Department offering course. (*ENGR courses determined by the Associate Dean)

Approval of Department Offering Course

I approve of the above request: Yes No

Name: ___________________________ Signature: ___________________________ Date: ___________________________

Part 4: Pre-requisite Override

Updated in Banner:

Name: ___________________________ Signature: ___________________________ Date: ___________________________